UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

CARL V. MARSHALL,)	
AIS#110574	ý	
Plaintiff,)	
VS.)	CIVIL ACTION NO.
)	206-CV-1131-MHT
)	
RICHARD ALLEN, et al,)	
)	
Defendants.)	

MEDICAL RECORDS SUPPLEMENT TO AMENDED ANSWER And SPECIAL REPORT

Respectfully submitted,

Pursuant to this court's Order dated July 10, 2007, Defendants file herewith the entire medical file for petitioner Carl V. Marshall, covering the entire time period in question in petitioners' complaint.

> /s/ Neal P. Conner NEAL P. CONNER (CONN2024) ASSISTANT GENERAL COUNSEL

ADDRESS OF COUNSEL:

Alabama Department of Corrections Legal Division Post Office Box 301501 301 South Ripley Street Montgomery, AL 36130-1501 (334)353-3889

CERTIFICATE OF SERVICE

I do hereby certify that on the 20th day of July, 2007, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system,

And I hereby certify that I have mailed a copy of the forgoing via United States Mail properly addressed, postage prepaid first class to:

> Carl V. Marshall, AIS # 110574 Red Eagle Honor Farm 1290 Red Eagle Road Montgomery, AL 36110

> > /s/ Neal P. Conner_ NEAL P. CONNER (CONN2024) ASSISTANT GENERAL COUNSEL

		MONTH:	FACILITY:
TOTAL ROUND TRIP MILES	TOTAL MAN-HOURS EXPENDED		
0.00			1

COPY

MEDICAL TRANSPORTATION

		TOTAL	TOTAL MAN
		TOTAL ROUND TRIP MILES	TOTAL MAN-HOURS EXPENDED
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Date	AIS#	Name	Type of Transportation Out Patient Surgery - Dr. Appt	Destination	Round Trip Miles	Man- Hours Expende
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DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

IT DSBORNE KUTLEDGE	BROTHE	R	
MS. DORIS JOHNSON	mo the	ER	
Name	Relationshi	p .	
FIELD CREST CT.	25	31-5669 84-1059	
Street Address		Phone Number	
Mandon AC. City	AC.		
City	State	Zip Code	/ /
Mul	110574	416-70-3380	<u> </u>
Inmate Signature	AIS#	SS# Date	,
			<u></u>
Witness		Date	

INMATE NAME (LAST, FIRST, MIDDLE)			RACE/SEX	FACILITY
Marshall, Carl	110574	8/6/50	BIM	Kilby



MCORPORATED		INTAK	KE SCREENING	1
Date	4/21/00		AIS#: 1057	
Last Name: Birthplace:	Marshall	First:	Carl	Middle: Vincent
Bittiplace.	uontagmely HL	I DOB.	2/8/126	SS#
FEMALES:	Pregnancy test: (circle one) Positife	Negative	B/P2/0/126 Temp	Pulse 9 Resp. 20 Weigh 200, repeat within 48 hours. Above 300 call M.D.
2 Hear	oitalizations/Surgeries/Major Illness AAHAUUS QSIVOI	Current Illness: What?	ynere? Aptist south	A.
Previous Inca Kilby	rcarations (Date & Facility)	TOM,	· ·	
Medications: Allergies:	None NKA ACKAIN +0-10-10-10-10-10-10-10-10-10-10-10-10-10	Cline Claridin	. D 10 0 TD 00 T 111	e one) YES - (Complete TB Screening Form) NO
ANY INMATE		DNSCIOUS, ACTIVELY E RRED FOR EMERGENC	BLEEDING, IN ACUTE PAIN AND	URGENTLY IN NEED OF MEDICAL
1) Level of Cor	nsciousness: () Alert () Orient () Lethargic () Stupo	ed; time, place, person	3) Substance Abuse:	() Yes () Withdrawal Symptoms
Describe:	() Eemargic () Stupe	rous () Comatose	() Current intoxication/Abuse	() Drugs () Alcohol
2) General Appe	earance (Mormal() Abnorr	nal	Describe- What kind? Amour	
3) Signs of Traun	ma ()Yes (UNO			en call M.D. Tr can not be confirmed, call M.D.
4a) Behavior/Co	onduct: () Coopera () Agitated () Uncoopera () Manipulative () Disorgan	erative () Violent	Last Use: (Time(Date): 4b) Affect/Mood: () Norma () Euphoria () Flat Describe:	I () Manic () Depressed () Emotionally Confused
4c) Perceptions:	() Defusional	() Hallucinations	() Hearing Voices	
5a) Is there h/o a	actual suicide attempt?	() Yes (UNo	-	uicidal thoughts or ideations? () Yes () Ho
5c) Is there evide				assaultive towards staff? () Yes () No
history and dates	ove in #5 are circled, staff MUST descril s:	ne here, include previous	- Currently Suicidal	- Emotionally distraught and unable
*Any abnormal o Referral.	observations #4 or 5 require immedia	ite Mental Health	History of <u>actual</u> attempt Fails to maintain control on Close Watch Y or N	to regain composure by end of intake process - Actively hallucinating or not making any sense Y or N
6a) Communication	n Difficulties	() Yes () No	6b) Memory Defects	() Yes () No
6c) Hearing Impairr 7) Physical Ai		() Yes (+/No () Contacts (6d) Speech Difficulties Hearing Aid () Dentures	() Yes () No () Cane () Crutches
	() Walker () Wheelchair	``) Artificial Limb () Other	(,
s) 11 B	When VAIRAU			
0) Fe	ever Y (N) Swith 11/15 (1/26)	ollen Glands Y/N	Signs of Infection Y (N) X Y, MA WESTE	Skin Intact V N
P Centa	act Rubbins, MI			
If known Diab	oetic * Call M.D. for order		Initial Insulin given:	•
1	ed all questions truthfully. I have	1	<i>y</i> ;	s. I hereby give my consent for
health services	to be provided to be by and the	Fough PRISON HEAL	TH SERVICES.	BUSIN (PR/
777	_ lamate's Signature/Date		Haalth F	Provider Signatural Pata

INTAKE HEALTH APPRAISAL CSC

Document 28 -3	Filed 07/20/2007	Page 3 of 79
D.O.B.:		R/S

Circle One) - No Restrictions	eneral Movement Deformity Pain, Bleeding Habitus, Hygiene		
Ne			
i cimporary recorded to the	euro Mental Status Intox Withdrawal, Tremor		
See Special Needs Form	Neuro-Deficits		Tathors-d
S - Permanent Restrictions See Special Needs Form S - A&I (Aged & Infirmed)	in Injury, Bruises, Trauma Jaundice Diaphoretic Rash, Lesions, Infestations Needle Marks Color, Turgor		Tutos-d pacon-p
S – Not Determined He Recheck	ad Normocaphalic Atraumatic Hair, Scalp		
PLACEMENT:	es GlassesAision Pupits Sclera, Conjunctiva	سرا	
General Population ()	rs Appearance Canals, TMs, Hearing		· .
7	se Epistaxis Sinuses	<u></u>	
Medical Observation () Th	roat Teeth, Gums, Dentures Mouth, Tongue, Tonsils Airway		
REFERRAL: Ne	ock C-Spine, Mobility Veins, Carotids Thyroid, Lymph Nodes		
See MD/Mid-Level flow sheet	nest Config. Ausc/Resp Cough/Sputum Breast/Masses		
Medical ()	art Ausc Rate, Rhythm Murmurs, Ectopy		
vientai rieatin ()	odomen Bowel Sounds Palp, G/R/T, Hernia		
Other	J Flank Tenderness Bladder Tenderness/Distention	/	
	ck ROM, Spasm, Injury	٠	
MMINIZATIONS ODDEDED.	enitals Injuries/Lesions		dedered
	lvic Pap		
1	ectal/Guiac (required @ 45 and up) eferred/follow-up:		

M.D. or Mid-Level Signature

Date/Time

INTAKE HEALTH	EVA	L U.	ATION				Erstrale, Car	<u>L</u>					
R.N. evaluation with	thin 1	24 ha	mre		S#: D.B.:	· · · ·	25/4						
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Age Sex	4	- 1	Race)	Не	ight	6	Weight	4	()				
Temp: 78, 6 B	/P: ,	18	0/100	Pulse:	6		Resp: 2	5					
** B/P - If greater th					er to	Mid	Level if B/P remains u	 р.	_				
			***		τ								
Do you now or ha	ve you	u <u>ever</u>	had, or been trea	ted for:	3.	3B5	5-156						
Problem	Υ	N	Proble	m	Υ	N	Problem	Υ	N				
Head Trauma	l,	V	Gastritis	Herin		سسا	HIV/AIDS ***		V				
Loss of Consciousness		1	Ulcers			V	***Medications Verified						
Severe Headaches		V	Bleeding			1	Hepatitis - Type		V				
Vertigo/Dizziness		V	Gall Bladder/P	ancreas		V,	Gonorrhea						
Vision Problems	M	,	Liver Problems	5		1/	Syphilis						
Hearing Problems	4	/	Arthritis			1	Lice, Crabs, Scabies						
Seizures		V	Joint Muscle F	roblem		1/			,				
Strokes	V		Back/Neck Pro	blem			LMP						
Nervous Disorders		$\sqrt{}$	Kidney Stones	/Dz			Date		-				
DT's		$\sqrt{}$	Bladder/Kidne			1	Duration						
Heart Condition	V		Alcoholism			V	Normal		 				
Angina/Heart Attack			Drug Abuse			V	Regularity						
High Blood Pressure	V		Psychiatric His	tory			Gravida/Para						
Anemia/Blood							- Gravida: jaila						
Disorder		$\frac{V}{A}$	Suicidal Thoug	hts**		V	AB/Miscarriage						
Sickle Cell or Trait	d	V /	**Immediate M.H.	Referral			Contraception						
Lung Condition 4		1/	T.B.	(1)	,		Туре:						
Asthma *		V_{\parallel}	PPD - date giv	en: 4/3/									
*Peak Flow Reading			RFALFA	. ,			Lab Tests - Dates	N	Ab				
Bronchitis		V	Date read: 4	24/06			Diagnostic Profile II						
Emphysema		V	Results:	Ø mm			RPR						
Pneumonia		1	Visual Acuity				Urine Dip Stick						
Diabetes		9	OD OS										
Hay Fever/Allergies		V	0420/2C	, KX			EKG (@ age 35)						
TCN [clonidus]													
***HIV Medications:				·	•••								
THE WEGICALIONS:													
Acute or Chronic Problem	Noted	i: 🤆	V N	Refer to N	1id-L	evel	M.D. if yes.						
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Al alean							4/25/06						
RN or Mid-Level, Sign	atur	e			_		Date/Time						

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MEDICATIONS

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SPECIAL NEEDS COMMUNICATION FORM

Date: $\frac{5806}{}$
To: DOC
From: OPC
Inmate Name: Marshall, Care ID#: 110574
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extrauntil
5. Other
Comments: Preport to opc on 5/15/06 +
5/22/06 AT 7:00 Am for injection
MEDICAL Hold until 5/23/06
Date: 5/8/06 MD Signature: UU B. Adams CANP/ Time:





NIARAE.	Engl	Ma	RShall			TION/FAC ソヘコフ	D.O.B.: 8/6/50
NAME: CELL SITE		V187	· - 0 × · · · /		1.U. # <u>/</u>	1001	υ.Ο.Β.: <u>δ/ © / ζ Ο</u>
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PHISICIAI	N ORDER/	INSTRUC	ΓIONS:	. , ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
					· · · · · · · · · · · · · · · · · · ·		
			BLOOD SUGAR	URINAR			
DATE	TIME	INITIALS	RESULTS	KETONE LE		ALS *	ACTIONS TAKEN/COMMENTS
4/21	1500	AR	(19) \				Recheck- 149-Admis
Wha	GOND	101	01-				Burn
412	SO	177					
中级	RO	1111	The Park	\			Recheck 4 Dittexinne
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4-50	1500	8	(46)	/			Recheck - 26 9@ 1545 Glow
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13/1	10u5	N	296				
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Check if resu	its called to p	hysician.		1		J	
Date	Initials		Signatures		Date	Initials	Signatures
	l I						



SPECIAL NEEDS COMMUNICATION FORM

Date: 4 21/06
То: АПТ
From: We
Inmate Name: Mashall, CARL ID#: 110514
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extrauntil
5. Other
Comments: Add Sat, Sin, May Blood Pressure V for HWKS A Lines
a week tues + Thurs - On ww @ 0500
Blood Sugar V L&deep, on www @
0300
Date: 1/21/06 MD Signature: 1/0 De Robbins / Dielins / Time:

RECEIVING SCREENING FORM

INMATE'S NAME: Marshall, Corl DATE: 4/21/06 TIM	E:	COP
DOB: 8-6-50 OFFICER: COTHIUS INSTITUTION:	KILB	SY
RECEIVING OFFICER'S VISUAL OPINION		
Is the inmate conscious?	YES	NO
Does the inmate have any obvious pain or bleeding or other symptoms suggesting the need for doctor's care?	Marie Minne	
Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care?	-	
Any obvious fever, jaundice, or other evidence of infection which might spread through the institution?	.· 	
Is the skin in poor condition or show signs of vermin or rashes?		-
Does the inmate appear to be under the influence of alcohol, or drugs?		ļ
Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		
Is the inmate making any verbal threats to staff or other inmates?		
Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?		
Does the inmate have any obvious physical handicaps?	 -	
FOR THE OFFICER		
Was the new inmate oriented on sick/dental call procedures?		/
This inmate was a. Released for normal processing		
b. Referred to health care unit		
c. Immediately sent to the health care unit.		

Officer's Signature

This form will be completed at receiving and will be filed in the inmate's medical jacket to comply with NCCH Standards.

Q 3-months

	Name: Marshall,	_DOB: 5-6-48	AIS#: <u>//0574</u> R	us BM
	PATIENT HISTORY			
JH4	/ Dimi T			- /
יתר	Current Meds:	Low long on the	Pate of Dragnosis 4	
210	Current Meds: Diet/Exercise: Frequency of BG moning Family History Smoker	Mary Many Congress of Congress	Compliant VIN	of linguitzon BD.
	h Frequency of BG moni	toring: once doily	Compliant. 1 (N)	VEOLA SECY
Posti	not (B) feet W/thick	Risk factors (c	check all that apply)	
10 pm gar	Family History Smoker	HIN Obesity CAD Hy	perlipidemia Renal Disease	· Tobaco use
		100 7041 114 1314		
	VARIABLE	Date 7-10-7 1350	Date	Date
	BP/Weight/Pulse	18/100 250 81		
•	CP/dizziness/Indigestion	0/0/0		
	Exertional Dyspnea	0		
	Urinary frequency	$\mathcal{P}_{\mathcal{I}}$		
	Fundi exam (annually)	DW 7/10/17		
	Dental exam (annually)	on 7/10/07		
	Hand and Foot pain			
	General Appearance	NAD, ND, NN		
	Heart D. I.	SUR MAGAR		
1	JVD/Carotid Bruits	5c-045°		
Lich/igh	Periph. Pulses/edema	+2P// 1/Och		
۱۸۷۱ کاپس ا حا لیس ا ایس	Microfilament (annually)	Secare 7/10/2		
A Carlo	LABS I	Date	Date	Date
	Fasting Diagnostic 2/2/67	crest 1.1		
	Profile II (base line)	TC 185 HOL 36 TWO 213 LD1-18		
	Hgb A1c q 3-6 mos 2/2/2	52 9.4%	4	
	BMP (per MD/NP)	elalor,		
	UA Dipstick	al 1/10/2		
	3.41		<u> </u>	
	Microalb (annually 4/2 7	56 7499 B		
4/20/00	EKG (base line) 4/28/2	C SIL LYH, Make HATY		
* (* '			1	Good/Fair/Poor
* (* '	EKG (base line) 4/28/2	SP. LVH, No LA TO	Good/Fair/Poor	Good/Fair/Poor
CXIC CXIC Neg.	EKG (base line) 4/28/2	Good/Fair/Coor	1	Good/Fair/Poor Improved/ Worsened
* (* '	EKG (base line) 4/29/3 Disease Control PLAN	Good/Fair/Coor Improved/Worsened	Good/Fair/Poor	= =
* (* '	EKG (base line) 4/25/51 Disease Control PLAN Flu vac (annually)	Good/Fair/Coor	Good/Fair/Poor	= =
* (* '	EKG (base line) 4/25/51 Disease Control PLAN Flu vac (annually) Pneumovax	Good/Fair/Coor Improved/Worsened	Good/Fair/Poor	= =
* (* '	EKG (base line) 4/25/3 Disease Control PLAN Flu vac (annually) Pneumovax Patient Edu/Training	Good/Fair/Coor Improved/Worsened	Good/Fair/Poor	= =
* (* '	EKG (base line) 4/25/54 Disease Control PLAN Flu vac (annually) Pneumovax Patient Edu/Training Completed Master	Good/Fair/Coor Improved/Worsened	Good/Fair/Poor	= =
* (* '	EKG (base line) 4/25/51 Disease Control PLAN Flu vac (annually) Pneumovax Patient Edu/Training Completed Master Problem Sheet	Good/Fair/Coor Improved/Worsened	Good/Fair/Poor	= =
* (* '	PLAN Flu vac (annually) Pneumovax Patient Edu/Training Completed Master Problem Sheet Next F/UZum-Flu Bui	Good/Fair/Coor Improved/Worsened	Good/Fair/Poor	= =
* (* '	EKG (base line) 4/25/51 Disease Control PLAN Flu vac (annually) Pneumovax Patient Edu/Training Completed Master Problem Sheet	Good/Fair/Coor Improved/Worsened	Good/Fair/Poor	= =
* (* '	PLAN Flu vac (annually) Pneumovax Patient Edu/Training Completed Master Problem Sheet Next F/UZum-Flu Bus Signature	Good/Fair/Coor Improved/Worsened	Good/Fair/Poor Improved/ Worsened	Improved/ Worsened
* (* '	PLAN Flu vac (annually) Pneumovax Patient Edu/Training Completed Master Problem Sheet Next F/UZum-Flu Bui	Good/Fair/Coor Improved/Worsened	Good/Fair/Poor	Improved/ Worsened
* (* '	PLAN Flu vac (annually) Pneumovax Patient Edu/Training Completed Master Problem Sheet Next F/UZum-Flu Bus Signature	Good/Fair/Coor Improved/Worsened	Good/Fair/Poor Improved/ Worsened	Improved/ Worsened
* (* '	PLAN Flu vac (annually) Pneumovax Patient Edu/Training Completed Master Problem Sheet Next F/UZum-Flu Bus Signature	Good/FairCoor Improved/Worsened Zoolo ON THE HANN YES STOCK CRAY DISTRICT TO COMP TO C	LONG TERM GOALS 1 2 John 12 Improved/ Worsened	
• (• •)	PLAN Flu vac (annually) Pneumovax Patient Edu/Training Completed Master Problem Sheet Next F/UZum-Flu Bus Signature	Good/Fair/Coor Improved/Worsened	LONG TERM GOALS 1 2 John 12 Improved/ Worsened	



MONOFILAMENT TESTING FOR DIABETICS

Fill in the following blanks with	a "Y" or "N" to indicate findings	RIGHT	LEFT .	
Is there a foot ulcer now?		*/		
Is there a history of foot u	cer?	1	N	
Is there an abnormal shape	of the foot?	4		
Is there a toe deformity?		1	N	
Are the toenails thick or in	grown?	Y	ν	
Is there callus buildup?				
Is there swelling?		N	N	
Is there elevated skin temp	erature?		N	
Is there muscle weakness?		N	N	
Can the inmate see the bot		V	* /	
Is the inmate wearing impr	operly fitting shoes?	W	N	
Does the inmate use footw	ear appropriate?	7	V	
Pulses?	DP/PT	+ COPPOT	+200/01	
Note the level of sensation ir	the circles: $(+) \rightarrow Can$ feel the 5.07 filament $(-) \rightarrow Can't$ for	eel the 5.07 filament		
\				
	Pod God /	,		
	(A) (A) (A)			
RIGHT)	1 1 2			
	10 01	LEFT		
(apr	PA Y			
		9		
8000		N		
WIIK T		Q 9 8 R X	.*	
SEE CO		/ C] 342		
	•			
·	Skin Conditions on the Foot or Between the T	· ·		
<u>.</u>	R REPER TO THE TOTAL THE T	oes.		
Draw in: Callous	, Pre-ulcer Ulcer (note len;	gth and width in	(m)	
	ess, M - Maceration, D - Dryness, T - T	inea	0111)	
	Risk Category:	inou		
0 No loss of protecti				
l Loss of protective				
	sensation with either high pressure (callo	us/deformits) o	noor circulation	
3 History of plantar	ulceration, neuropathic fracture (Charcot)	foot) or amoutat	poor circuization.	
	A seriopatino Hactare (Chareott	100t) of amputat	1011.	
Education done about	Du to Francis	///		
Eddeanon done about	On that CareEducation Received	1/y /		
Name, AIS	NO Date			
Ma /11/	110574 7/10/20		1 00:-	
I (LOV) (AV)	103 17 /19019		Jap	
Í		1	-	
0540 41		l l		

PRISON HEALTH SERVICES JULIA TUTWILER PRISON EDUCATION ROSTER

615# 110574

TITLE OF EDUCATION GIVEN	DATE	STAFF GIVING EDUCATON	INMATE SIGNATUR
diabetes	7-10-2	2 non	MINING
		100	
		-17	
and the same of th			
			<u>and the state of </u>

PRISON HEALTH SERVICES

Physician's Chronic Care Clinic

Date:	3/7/07	Time:		Facility	:Kilby	- Correct	Lion	alFacility
Check	all applicable	CIC's being evalu	ated:Card/ 		1			. (
SUBJ	ECTIVE:							
N M ((Complication Compl	s for CIC patients sis: DM-eye ground ardiopulmonary, at Cardiopulmonary, at Cardiopulmonary, at Cardiopulmonary, at Charles a	nould be disease, skin, cardiopuln domen, extremiting Pratio; SZ-HEE	-specific annonary, extrines,; ID-all sint, neurolo	d focused remities; F ystems; P ogical; Gl-	on prever HTN/Card-e PUL-HEENT abdomen. Coford Caro Sk As A 3	eye grou	DP-0-BIC
Degree G C	OM HTN of Control Degree F P G atus		PUI Control Degree of P G F us Statu	Control Deg	ID Pree of Control S F P Status S W	rol Degree G	GI of Contro F P tatus S W	OTHER Degree of Cont G F P Status I S W
F/U:	Routine 90 c	lays:Ot	her	P	roblem l	List Upda	ited: \	res No
			tople					
				Physic	ian/NP/f	A		
Ma mar	avshace	NAME	B)/~			8/6/	74 us# 50	
7	GENDER		RACE				DOB	

DEPARTMENT OF CORRECTIONS

NURSE'S

CV/HTN CHRONIC CARE CLINIC

C CURONIC CLIROTIC	CAN	L U	LINIC
S: CHRONIC CARE CLINIC			ALLERGIES
DATE/TIME 3/7/07 @0550			Tetracydiae, Clonder
0: VS Tag PGO RIG WT247	 	-	HX a treadmill? Y N
BP (&O)) IF BP > 140/90 REFER TO MD/NP/PA			Date:
Do you smoke?	0	N	HX bypass surgery: Y (N)
Use salt?	Y	(B)	Date:
Family History of CVHTN? Tuhre Family	7	N	
Obese?	Y	(10)	
Stress?	Y	3	
Blurred vision	Y	N	
Headache Fatigue	Y	_ N	
Muscle weakness	Y	(A)	
Polyuria	Y	-N	
Epistaxis	Y	(2)	P: LABS REVIEWED
S.O.B.	Y	(N)	Labs ordered
Compliant with meds KOP	Y	N	Last CMP-14 alsolus
	5	N	Last EKG 4/28/04
Counseled on risk factors Non-Modificable Describe:	NO.	N	
1Kace (2) ASK (3) Grader Allerditur			
a smoking containing			
Labs/EKG WNL NA	#	N.	
		N	
Education, Done, S.O.B. Mouse Sevene M. Hundertook Succession, John Realidness Sevene M. Hundertook Transport of Stroke VS. Heart attack (150)	ty.	N	
Recently admitted to hospital/infirmary	(4) Y	N	CURRENT MEDICATIONS:
Natar			Clan Sk 180 mpo. ED
Notes: ABP reading addressed cordinue a HTN teachings PPA		·	himopoil 20mp.c. BID
condime a fitth teaching prox	1		= c Ash 200
Encoracinge compeionce à mal			300,00
hield thereise to Mbil - stool a			
heart attack + thirdness.	-		
Mart atlack + Hirdrys.			
2	 		Status: (circle)
			IMPROVED UNCHANGED WORSENED
			Level of Control: (circle) GOOD FAIR POOR
			CCC WITH NURSE (circle) 1, 2, (Months
			CCC-WITH MD (circle)
INMATE NAME NUMBER AGE	P A COE (200	1, 2,(3) 4, 5, 6 Months
Marshall, Carl 110574 56	RACE/S	SEX.	SICHARD
Control GoodBP < 140/90	Stat		- V VYIWW

Fair----BP 140-160/90/100

Poor----BP > 160/100

Unchanged—BP unchanged (Worsened----BP increased,

Case 2:06-cv-01131-MHT-CSARTINENITIOFILE (1907) 120/2007

Page 16 of 79

NURSE'S

DIABETIC CHRONIC CARE CLINICS

S: DAY CHRONIC CARE CLINIC	L CL	11/11/	
			ALLERGIES
DATE/TIME: 7/1/20 0855			retracefine Cloricles
0.43 1 77 1 80 K 18			0
BP FSOLIO WID47			TYPE I TYPE II
Any reactions:	Y	(N)	
Thirst, vomiting, or abdominal pain	Y		
Skin or foot problems:	Y	$\frac{N}{N}$	
Foot exam done:	$ \widehat{\mathbf{Y}}\rangle$		
Rotation of injection sites N/A	Y	N	
Changes in eyes	Y		
Dietary compliance:		(A)	P: LABS
NoncompliantEducation done	Y	N	P: LABS
Medication compliant	Y	N	
NoncompliantEducation done	Y	2 2	Last HghAIC: Date 212001 Result 9.4
Tremors	Y	 	Date 313004 Result 7.4
	r		
Reviewed canteen list KEHF	Y	N	
Compliant	Y	N	
If noncompliant, education done	Y	N	
Infirmary or hospital since last CCC visit	Y	CN,	ORDERS:
If yes, date	_		
Review of FLU vaccine	CY	N	
Review of Pneumovax	Y	(P)	
Fundoscopic exam Reference 4/25/04	Y	N	·
Annual Diabetic Checklist updated	(F)	N	
NOTES:			MEDICATION:
2 h 3 mg AIC level un V toca Just 870 4 montre mil contenue-lo be compliate made diel 4			Ghartful 5m
870 + mate mil concerne-lo			Suctful 57
be according to the design of	 		Y
EXERCISE.			
			Status: (circle) 775
			Improved, Unchanged,
			-Worsened'>
			Control: (circle)
			Good, Fair Poor
Imper forter			CCC NURSE_ (circle)
Following day A Cook of G			EVERY 1, 2 months
Education done & SOCKS B.D. Report: Tinsting EXETOE Nails straight nerous - Pain food course		Ν	CCC WITH MD (circle)
The state of the s			1. 2. 3. 4. 5. 6 months
- UTCEPS SORES			$\mathcal{O}_{\mathfrak{p}}$
INMATE NAME NUMBER AGE RACEA	SEX	J-KS	IGNATURE /
ma + 8 all Gal 110574 56 B/1			CHAIN 10
Consider the Control of the Control		T/	MATH X

Control Good HgbAD Wist

Fance (EgbA) to virtual 2 % of normal from (CiphA) = 2% above mound .

Maters Insprayed—Decrease in Hobert Land Scape (Kereaced by 5%).
Unchanged—Ho chappe in Hobert List and weight
Workened——Increase in Lady Vet, and weight

PRISON HEALTH SERVICES BEHT

Physician's Chronic	Care Clinic
Date: 12 11 100 Time:	Facility: Kilby Correctional Facility
Check all applicable CIC's being evaluated:Card/H7f	V_DM_GI_ID_PUL_SZ_TB
SUBJECTIVE:	a
OBJECTIVE: BP 80 / 120 HR 84 RR 18 Temp NOTE: PE findings for CIC patients should be disease-spe Complications: DM-eye ground, skin, cardiopulmon Cardiopulmonary, abdomen, extremities, Cardiopulmonary, A/P ratio; SZ-HEENT	ecific and focused on prevention of end-organ ary, extremities; HTN/Card-eye grounds, ; ID-all systems; PUL-HEENT, , neurological: GI-abdomen
HTAL most taking B & med bid (de	mingheotrol 5 mg p.o.OD
Dm Aso secent labs.	Lice 150 17 0.00
MARS few Extondi. Hem	FC AM 305 mp. v. BE
ASSESSMENT: Circle the appropriate Degree of Control and Visit. Degree of Control: G=Good, F=Fair, Status: I=Improved, S=Stable, W=Worsened DM HTN/CARD SZ PUL Degree of Control Degree of Control Degree of Control Degree of Control (G F P G F P G F P G F P Status Stat	P=Poor ed ID GI OTHER
F/U: Routine 90 days:Other	Problem List Updated: Yes No
F	Physician/NP/PA
Marshall, Carl NAME RACE RACE	110574 AIS# 8-6-50 DOB



NURSE'S

DIABETIC CHRONIC CARE CLINICS

S: DAY CHRONIC CARE CLINIC	ELL	TTAT	Co
S. DATE CHRONIC CARE CLINIC			ALLERGIES (XX)
DATE (TIME: 12 11 57 0 00 00 20)		1	Teteracylline
0: VS 796 P84 R 18	 	 	Totorcylline Clouders
			Marie Committee Williams
BP 160/120 WT 247.50 Des			TYPE I TYPE II
Any reactions:	Y	-0	
		10	
Thirst, vomiting, or abdominal pain	Y	N	1
Skin or foot problems:	Y	N	
	-		
Foot exam done:	(Y)	N	· .
Rotation of injection sites (N/A)	Y	N	
Changes in eyes	Y	(N)	
Dietary compliance:	(P)	N	P: LABS
NoncompliantEducation done	Ø _Y	N	
Medication compliant	(6)	N	Last HgbA1C:
NoncompliantEducation done	Ø	N	Date 4/2/ nonth 12 0 2
Tremors	Y		Date 4/24 Result 7.8%
	· •	0	
Reviewed canteen list	Y	N	
Compliant	Ŷ	N	
If noncompliant, education done	$ \hat{\mathbf{Y}} $	N	
Infirmary or hospital since last CCC visit	Y	(N)	ORDERS:
If yes, date			
Review of FLU vaccine 1/2/06	(Y)	N	
Review of Pneumovax	Y	N	
Review of Pneumovax Fundoscopic exam Eye referral 4175/105	CY	N	
	-		
Annual Diabetic Checklist updated	\sim	N	
NOTES:		 	MEDICATION:
-4.0.			201 (1)-
Iduc material sina			Glucotrols Jport
In 3000 AIC feel will be L770 + in mute will continu			Chechols poor
Ch 31102 ALC public water Re			the ASA 3 25 NONE
L770 1 million to			- Ores
	إلى		
to be conflicted diet, mod			
- 10 - tonger out & outer, most			
4 =			Status: (circle)
Kuck			Improved, Unchanged,
			Worsened
			Control: (circle)
			Good, (Gir)Poor
IMPERI FOIL)		CCC NURSE (chele)
tot signs of Foot Hicks.			EVERY 1, 2. 6 months
Education done & GOCKS & P Report Tristing	$\nabla \mathcal{I}$	N	CCC WITH MD (chele)
EXECUTE Nail e straight aeros - fain		i	1.26 1.5.6 months
Topic FOCT Care	ļ		Control of the contro
INMATE NAME O NUMBER AGE RACES	SEX	, , , , , , , , , , , , , , , , , , ,	IGNATUREZZ , Z
Marshall, Carl 110574 56 13/1	-		CANDINAL I
410000, 4100 14	_	1	STATION -
		1.675	West 1111

Control

Good HgbAtt WNI

Faur---- Hgb. MC within 2 % of normal foor---- hgb MC = 2% above normal .

Status

Improved—Decrease in High-ATC, and weight decreased by St., Uncompiled - No change in High-ATC and weight. Winsened——Increase in High-ATC and weight

CV/HTN CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC			LINIC
S. SINOTHE CARE CLINIC			ALLERGIES
DATE/TIME 12/11/070 @ 0830 0: VS 799 P84 R 18 WT 247,5096			Tetra y cline
0: VS 1719 PS4 R 18 WT 247,5002			HX a treadmill? Y N'
BP (80/120 IF BP > 140/90 REFER TO MD/NP/PA			
Do you smoke?	(1))	Date:
Use salt?			HX bypass surgery: Y(N)
Family History of CVHTN? Entire Family	_ Y	(N)	Date:
- The fancy		N	
Obese?	Y	8	
Stress?	Y		
Blurred vision Headache	Y	NA CA	
Fatigue	Y	®	
Muscle weakness	Y	M	
Polyuria	Ϋ́	4	
Epistaxis	Y	AS .	D. I. ADC DELUCIUS
S.O.B.	Y	Ā	P: LABS REVIEWED Labs ordered
Compliant with meds KOP	TO I		Last CMP-14 4hu/19
		N	Last EKG 4/24/17
Counseled on risk factors through Supra Value Secret Non-value and Carlo	(17)	N	1120
Non-modifiable Vs caling halik liter			
Kace to Am Grender male	700		
Labs/EKG WNL Lelastic Were divery			
CXR if over 50 the hit was filest should trouble tolking.	(Y)	N	
Education Done & O. A.	/ivan		·
Education Done 10 B Topics South State of State	S(Y	N	
Topic: 55 of Datacl & Stroke aroning			
Recently admitted to hospital/infirmary	Y	(N)	CURRENT MEDICATIONS:
			done See 18-18-18-18-18-18-18-18-18-18-18-18-18-1
Notes:		<u> </u>	alan 80 180 mp. 0 01-
Four material Siwa		- 1:	Calan St 180 mp. 0 65
Modiscyred med war one			2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
More-on le	26		
In 3 mas. tot read x will he			
Will be complicate hollsquit	+		
C MUST 140 90 7 mmds			
Luis A To a Constitution of the Constitution o			
well be complicate to hade diet		f	
			Status: (circle)
St Everse		1 1	IMPROVED UNCHANGED WORSENED
	╅╼──┤-		
			Level of Control: (circle) GOOD FAIR MOOR
	+		
			CC WITH NURSE (Circle)
	++-		, 2, Dionths
			CCC WITH MD (circle)
NMATE NAME NUMBER AGE	RACE/SI		, 2, 3 4, 5, 6 Months
10 1000 15		L.A.	SIGNATURE:
	1311		SHITTH H
Control GoodBP < 140/90	Status	s: Imi	provedBP< previous visit

Poor----BP > 160/100

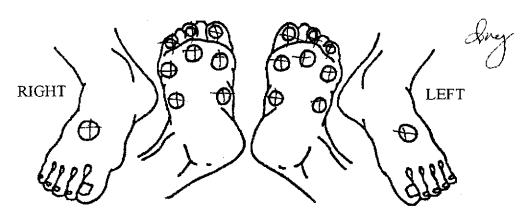
Unchanged—BP unchanged
Worsened----BP increased



MONOFILAMENT TESTING FOR DIABETICS

Fill in the following blanks with a "Y" or "N" to indicate fin	dings	RIGHT	LEFT
Is there a foot ulcer now?		n	<u> </u>
Is there a history of foot ulcer?		<u> </u>	n n
Is there an abnormal shape of the foot?		n	
Is there a toe deformity?		h	r
Are the toenails thick or ingrown?			h
Is there callus buildup?		V	n
Is there swelling?		<u> </u>	<u> </u>
Is there elevated skin temperature?		<u>n</u>	h
Is there muscle weakness?		<u> </u>	7
Can the inmate see the bottom of feet?		<u> </u>	Υ
Is the inmate wearing improperly fitting shoes?		<u> </u>	N
Does the inmate use footwear appropriate?		λ,	У
Pulses?	DP/PT	ナン	ナユ

Note the level of sensation in the circles: (+) \rightarrow Can feel the 5.07 filament (-) \rightarrow Can't feel the 5.07 filament



Skin Conditions on the Foot or Between the Toes:

Draw in: Callous				. 1.1
Draw in: Callous ,	Pre-ulcer ,	Uicer -	(note length and	width in cm)
Label with: R - Redness	s, M - Maceratio	n, D - Dryne	ss, \mathbf{T} – Tinea	
	1	Diale Catago	T-05 1 0	

		Risk Category.	
1 Loss o 2 Loss o	ss of protective sensation. of protective sensation of protective sensation with y of plantar ulceration, neu		ous/deformity), or poor circulation. foot) or amputation.
Education done	e about Foot Care	Education Received	EHMING!
Name Marshall	Carl 110574	Date 12/11/06	Goggin Rr

Case 2:06-cv-0113f-MHT-GSE E Document 28-3 S Filed 07/20/2007 P Page 21 of 79

MARSH	IALL, C	ARL: V.	110574	B/M	5/04/2006	3:37PM	TRANS NR	88093
LI	ITEM NBR	ISSUE QTY	DESCRIPTION		UI	UNIT COST	EXTENDED COST	
1	909		JUMBO CHILI C	HSE DOG	3 EA	\$2.18	\$2.18	
2	953	0	HORMEL M/W CH	ILI	EΑ	\$1.28	\$1.28	
3	904		ICE CREAM		ΕA	\$1.30	\$1.30	
4	904	(1)	ICE CREAM		ΕA	\$1.30	\$1.30	
		***	* LAST ITEM **	***		=		
					TOTAL 1	PURCHASES	\$6.06	

OLD PMOD BALANCE 6.99 TOTAL PURCHASE 6.06 NEW PMOD BALANCE
TOTAL APPLIED TO WEEKLY LIMIT 12.01 POSTED BY: INMATE WORKERS

I CERTIFY THAT I RECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

SIGNATURE

DATE

BED NBR: M 086B



FINGER STICK BLOOD RECORD FORM

NAME: Marchall, Carl		INSTITUTION/FA	CILITY: 14 18 9
PHYSICIAN ORDER/INSTRUCTIONS:	BSV B	10×30d	
1 I I	LOOD URINA	1 1	

DATE	TIME	INITIALS	BLOOD SUGAR RESULTS	URINARY KETONE LEVEL (if required)	INITIALS	*	ACTIONS TAKEN/COMMENTS
36	OOYO	CR	341				
56	040	CB	282				
_ v							
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	<u> </u>						
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			· · · · · · · · · · · · · · · · · · ·				

*Check if results called to physician.

Date	Initials	Signatures

Date	Initials Signatures					
	++					
	l i					

Case 2:06-cv-01131-MHT-CSCLB Document 2893 AL Filed 07720/2007 Page 23 of 79 C A I T E E N S A L E S R L C E I P T

MARSH	IALL, CA	ARL V.	110574 B/M	5/02/200	6 3:35PM	TRANS NR 87273
LI	ITEM NBR	ISSUE QTY	DESCRIPTION	UI	UNIT COST	EXTENDED COST
1	962	1	DR. PEPPER	EA	\$.52	\$.52
2	960	1 .	COKE	ΕA	\$.52	\$.52
3	924	2	MICROWAVE POPCORN	ΕA	\$.50	\$1.00
		* * *	* LAST ITEM ****			
				TOTAL	PURCHASES	\$2.04

OLD PMOD BALANCE 54.55 TOTAL PURCHASE 2.04 NEW PMOD BALANCE 52.51
TOTAL APPLIED TO WEEKLY LIMIT .00 POSTED BY: INMATE WORKERS

I CERTIFY THAT I RECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

SIGNATURE

DATE

BED NBR: M 0868

Case 2:06-cv-01131-MHT-CSC_E Pocument 28-3 Filed 07/20/2007 Page 24 of 79

MARSHALL, CARL V.		ARL V.	110574 B/M 5		5/02/200	6 9:57AM	TRANS NR 86956	
LI	ITEM NBR	ISSUE QTY	DESCRIPTION		UI	UNIT COST	EXTENDED COST	
1	960	2	COKE		EA	\$.52	\$1.04	***
2	912	1	DOUBLE CHEESE	BURGER	ΕA	\$1.73	\$1.73	
		* * *	* LAST ITEM ***	*		æ =	*****	
					TOTAL	PURCHASES	\$2.77	

OLD PMOD BALANCE 57.32 TOTAL PURCHASE 2.77 NEW PMOD BALANCE 54.55
TOTAL APPLIED TO WEEKLY LIMIT .OO POSTED BY: INMATE WORKERS

I CERTIFY THAT I RECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

SIGNATURE

DATE BED NBR: M 0868

Case 2:06-cv-01131-MHT-GSC or Require nt 28-3 at 1 Filed, 07/20/2007 Page 25 of 79

CANTEEN SALES RECEIPT

IARS	HALL, C	ARL V.	110574	B/M	5/03/2006	9:13AM	TRANS NR	87476
LI	ITEM NBR	ISSUE QTY	DESCRIPTION		UI	UNIT	EXTENDED COST	
1	140	(1)	REESE CUPS		EA	\$.57	\$.57	ining high days good didn paid days area vales days days
2	141	(1)	SNICKERS		EA	\$.57	\$.57	
3	173	(3	G/F CORN CHIPS	6	EΑ	\$.48	\$1.44	
4	174	3	G/F CHEESE CUR	RLS	ΕA	\$.42	\$1.26	
5	183		TROPHY MIXED N	NUTS	ΕA	\$1.05	\$1.05	
		***	** LAST ITEM ***	* *			****	
					TOTAL F	URCHASES	\$4.89	

ILD PMOD BALANCE 13.44 TOTAL PURCHASE 4.89 NEW PMOD BALANCE 8.55

TOTAL APPLIED TO WEEKLY LIMIT 12.01 POSTED BY: PATTI P VERMILYER

I CERTIFY THAT I RECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

STENATURE

DATE

ED NBR: M 086B

Case 2:08-gy-01 131-MI	HT-C	SC	D	ocu	me	ent 2	28-3	3	F	ile	ed ()7/2	20,	/20	07	7	P	a	ge	26	0	f 7	9				
Facility Name:	Hour	1 2	3	4 5	6	7 8	9	. 10	11 1	vion 2 1	1h/Ye 3 14	ar of F 15	Cha 16	uting 17	18:	⊘ 19∏	10 2	4	/ 22 2	23 2	4 2	5 2	6 2	7 28	29	3 (30	31
P. J. D 1 180							1		,																		
Caro.				1	1	2	7/3	7	Ø	7																	
V. J. 99 / 140																		-			Ī	:					
days					}										1	1			7	-			1-				
		Start [ate:	12	lu	To	O		Pres	aribi	er: \sum	Dr	-,	نــــــ 4وم	20	~ T	ىغ		+			·				-4	4
		Stop I	ate:	1	l_u	70						PX A		-	M.N	L		.									
	Hour	1 2	·		6			10	11]	2 1	3 14	15	16	17	18	19]	20 2	11	22 2	23 2	4 2	5 2	6 2	7 7:8	29	30	31
Calan SR 180 mgs		<u> </u>									_					-	1								ļ 		
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p.o. of XI so says					1		71	ナ	1) -	+						1				_ -					<u> </u>	
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PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name:_	Cano	Marsy	a CC	Date of Rec	quest: M	14/,20	06
ID # <u>//05</u>	74	17	Date of Bi	Date of Ren	Location L	:	8 G
Nature of pro		equest:	00 5	venn i	Hn5	JUMP ED	
TO HI	94	From	44 -	296	//	<u>(ESS</u> _	
THAN	2 4	- KS	<u></u>		March		
				— DV,	Signatu	ire	
		DO NOT	WRITE BE	LOW THIS L	_		
Date:/_ Time: Allergies:		AM PM		Date: Time:	ECEIVED Nurse Intia	ls	
(S)ubjective	:		SJ	e N	et	·	
(O)bjective	(V/S): _	Т:	<u>P:</u>	R:	<u>E</u>	BP:	<u>WT:</u>
(A)ssessme	nt:	·		,			
(P)lan:		e e					
Refer to:			CIRCL	Daily Treatme E ONE	ent Ret	urn to Clinic	PRN
Check One If E	e: ROUT Emergency	INE () E was PHS sup Was MD/PA	ervisor notif	Y() led: Yes() led: Yes()	No () No ()	S	yelry 19
				SIGNATURE	AND TITE	ĿE	

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

174



DEPARTMENT OF CORRECTIONS

TRANSFER & RECEIVING SCREENING FORM

SERVICES # INTELL TO A SERVICES	ER & RECEIVE	NO DOMBBINITY	O I OIGH	
RECEIVED: Inmate/Health Record	RELEASED: Inmate/Healt		ALLERGIES:	
Institution:	Institution: MCF		Tetracy	dire Clonidine
Date: Time: AM/PM	Date: 2006 Time:	AM/PM	PHYSICAL EXAM	NATION }
RECEIVED FROM: Institution/Work Release Center/Free-World Hospital	RELEASE FROM:	Segregation	Date of last exam:	4/21/06
		Mental Health	Chest X-Ray Date	.1 [/
RECEIVING MEDICAL STATUS	Other		PPD Reading	1119:114 (4
Population	RELEASE TO:		Classification:	
Infirmary	DOC Infirma	ary Mental Health	Limitations:	
Isolation	Institution/Work Release C	enter/Free-World Hospital	W-102	
LAB RESULTS LAST REPORT ,	III SAIDITOTO VVOIK TIELEUSE C	Criticis Too Vicino Hoopia.	YES NO	
Treatments Completede Norm	ial Abnormal	Wears Glasses/Contac	ts 🗍	
Urinalysis 42506	/ H	Dental Prosthesis Hearing Aide		
RPR 4125166	<u> </u>	Other Prosthesis		ving Nurse
CURRENT OR CHRONIC MEDICAL/DENTAL/MENTA	AL HEALTH PROBLEMS O	R COMPLAINTS		Ying Huise
	•			
L	HC, NT			
	٠			
CURRENT MEDICATION DOSAGE AND FREQUE	NCY	_	Sent w / inmate	☐ Not sent w / inmate
1. 1 M. PO 6	١	_	Sent w / inmate	Not sent w / inmate
Lisinopril aury	,	1	☐ Sent w / inmate) // こ	☐ Not sent w / inmate
Lisinopril 20mg PO 62 Glucotrol 5mg Po 62				
Surlah 240mg PO 6	D	ک Date:	Time:	1332 AMAM
EC ASA 325ms PO 6	1	MEDICATIONS [Received	Not Received
	Bid Emor	l :	Received	☐ Not Received
SCHEDULE FOR CHRONIC CARE CLINIC	and mol	HEALTH RECORD	Received	☐ Not Received
SCHEDULE FOR CHRONIC CARE CLINIC		CHART REVIEWED 1 Received by:	1 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 ×	LJ NO
DATE: LAST CLINIC:		Signature	of Receiving Nurse	
		· · · · · · · · · · · · · · · · · · ·		AM/ROS
FOLLOW UP CARE NEEDED Date	Time With Who	om Location (Sending N	urse) Date/.	Appt. Made w/Whom (Rec. Nurse)
Medical Dental				
Mental Health				
Yes No	US Open Sore	Yes No	INTAKE	D
San	Lice		Sick Call Pro	cedures Explained
Mental Illness Suicide Attempt	A Cool & Month of March 1998 Note: The cool of March 1998 Note:	ny /	Height	<u>(2)</u>
Chronic Care	Cool & Mo		Weight	- - 23
Special Diet	S Alert		Blood Pressu	Charles Charles
Special Diet Appearance Appearance	Oriented Uncoopera Uncoopera	ative	Temperature Puise Resp	2018
NUMBING ASSESSMENT (SENDING MURSING ASSESSMENT Special Diet Appearance OTHER PERTINENT NURSING ASSESSMENT OTHER PERTINENT NURSING ASSESSMENT	Open Sore Local From Immate assessment Open Sore Depressed Open Sore Local From Immate assessment Open Sore Local From Immate assessment Open Sore Depressed Open Sor		Other	- 0
2 2	NO TO THE PART OF		<i>1</i>	
I. Kedelduly aft	<u> </u>	Company of the Co	1	53d
Signature of Nurse Completing Assessment (Sending Nurse) INMATE NAME (LAST, FIRST, MIDDLE)	Date	Signature of Intake Screening DOC#	Nurse (Received Nurse) DOB	Race/Sex / FAC/
m no stor. On	Ca Dall	1 /1 nx nu	\$10	5m 411
PHS-MD-70009	ia Madical lasket Va	How Transfer Coordin	0 " (0 - 1	1-11-1-15



PHYSICIANS' ORDERS

NAME: MARSHALL, CARI 110574 514106	DIAGNOSIS (If Chg'd) Swrfak 240 mg p.o. QD x 30d Perporitine extong p.o. now Re- V BP in Thomas
D.O.B. / /	3 Increase Lisinopril to 20 mg p.o.
ALLERGIES: TCN, Clonidine	BID × 180 d
Use Last Date 5 / 4 / 0 6	⊕ Decrease Gluckel to Sing p.o. QD × 1800 □ GENERIC SUBSTITUTION IS NOT PERMITTED □ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Muchall, Carl 110574	DIAGNOSIS (If Chg'd)
110377	Colon SR 180 m po gd x 180 days
D.O.B. 81 6150 ALLERGIES:	
Use Fourth Date 4/25/06	□ GENERIC SUBSTITUTION IS NOT PERMITTED PROSESSELLE CROSS
NAME: Murshall, Carl 110574	DIAGNOSIS (If Chg'd) Dilated eye exam = DM
D.O.B. 8 16 150 ALLERGIES: TLP, Clon. Line	Durofiel 10 m poge x 180 dags A: si no pril 20 mp pog d x 180 Cays ELASA 325 m pog d x 180 days
Use Third Date 9125 106	CC YWKS BIPG BS FIN GENERIC SUBSTITUTION IS NOT PERMITTED PLANE TUCKOP
NAME: Marshall, Carl 110574	DIAGNOSIS (If Chg'd) Do Coeloue om dut = snach
D.O.B. 8 16 150	
ALLERGIES: TCH, Col Clanidius	
Use Second Date 4 1) \$ 100	GENERIC SUBSTITUTION IS NOT PERMITTED Hasatuful
NAME: Marshall, Carl 110574	DIAGNOSIS Comp, Cho, PSD, Hg b A1, TSH, LERENO KIOSE
D.O.B. 8/6/50 rule Order Allengies:	syx referral
ALLERGIES:	-BSTUBIEL BOOLD
Use First Date 41251 4	GENERIC SUBSTITUTION IS NOT PERMITTED PLANTS UNIT



PROGRESS NOTES

Date/Time	Inmate's Name: Marshall out (and D.O.B.: / /
5/4/06	Flu BS v3. clo HTN. legusts stool softene
0850	BP: 199/105 this A.M.
	BS V's have been 44-296 mg/oll
HabAlc -	7.8) - He has 9 documented BS V's in the 40's
	8 Din 16
	- Cloridine O. 1 mg now / Pe - V in 7 hours
	- In weese lisinopril to 20 m BID
	- BP / S
	- CCC AS Sched.
	2) NIDDM & episodes of hypoglycamia
	- Decrease Glastrol to Sm QD
	- B5 v's
	-ccc as sched.
	3) Acute Constipution (& findings on PE)
· · · · · · · · · · · · · · · · · · ·	- 9 fluids / fiku exactise
	- Surfak × 30d
	E: TX Mm
	Blom
5/5/06	meeds TX for D RPR
0820	& Bicillia LA Avail. , Allergie to TTC.
	* Consulted & Dr. Robbins
	- F mycin Tym BID x 30d
	- medical hald
D111 (5/85)	Complete Both Sides Before Using Another Sheet



NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	GENERIC SUBSTITUTION 16 NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
D.O.B. / / ALLERGIES:	
, LEED, IGIEG.	
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Marshall (11)	DIAGNOSIS (If Chard)/2 ///
D.O.B. \$16,50	1/2/06
200 \$16.50 Vd	JUNTUC BOMO R. B. B. ID X5 JOYS
D.O.B. VI POLICE + Testia	111/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
ALLERGIES: Alfaliat, Tostia,	Vigtelat Habbins Mill
Use Second Date 4 12/186	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: My arshall, Call	DIAGNOSIS , MINS + BSO
West 119574	- Metaterpin lowing & f. D. Delle day
4/21/06 0 1	- Wifediral X - 60mg fily f. 8 star
70.6.B. 816150	+ Hten 0101 30Mg J. P. All 13 days
ALLERGIES: Adalyt tetracyllina,	- aviniple, 1, 40 mg pro- que x 3 mgs
Use First Date 4 12 /1 06	GENERIC SUBSTITUTION IS NOT PERMITTED
	C devenie sopsification is MOI reminified



NAME: 12/11/04 0908 DISKY	DIAGNOSIS (If Chg'd) 1) Chem + lipid profile + 16564, c ~ 10-whs
D.O.B.OS 106150 (WG13)	1//
ALLERGIES: TCN, Clonider of	THE
Use Last Date 24 11/00	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Navshale Clark	DIAGNOSIS (If Chg'd)
110574	po mo:1) Ghiofrol 5 n 2.060 N 80kg/
000	3 Chrispiil Jone D. U. BID X1(200)
D.O.B. OS 106157 No 121	a) TE AM 325 DO WED X180 day
clonittine	V. U. Dr. Koltis Agon
Use Fourth Date (2/11/76	☐ GENERIC SUBSTITUTION IS NOT PERMITTED (
NAME: MARShall, CARel	DIAGNOSIS (If Chg'd)
1 1 00 7	1) Pt. may have diabetic shoes
911,000	(2) CCC - DM, HTN + month
D.O.B. 8/6/56 NOW ALLERGIES: TCN, Clowidine	(3) BS VS BID x 30d
Use Third Date 9 / 8 / 06) Www.	☐ GENERIC SUBSTITUTION IS NOT PERMITTED / Va CRW
NAME: Marshall, CARI	DIAGNOSIS (If Chg'd)
110574 5/8/301	BIGILIN LA 24 MU IM QWK X 3 WKS DIC K-MYCIN
D.O.B. 816150	Medical Hold until Cleared
ALLERGIES: TCN, Clonidine	
**************************************	UO B Adams canpl Fraves, can
Use Second Date 5 / 5 / 06	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Marshall, Comal	DIAGNOSIS D E-macin Tam p.o. BID x 30d
1105.74 5 5 06	1) E-mycin + gm p.o. BID x 30d 1) Medical hold @ kilby until
D.O.B. / /	Cleared.
ALLERGIES: TON, Clonidine	
Use First Date 5/4/06 5/5/06	B. C.
Date / / / / O J / J / J	GENERIC SUBSTITUTION IS NOT PERMITTED Sum Carp



NAME:	DIAGNOSIS (if Chg'd)
•	
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	
	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Markall, Carl	DIAGNOSIS (If Chg'd)
44	12) Phenon, a Vaccine
D.O.B. 8161 48 //05/7	
ALLERGIES: Topsaydig Claridi Win	
Use Fourth Date 7 10 107	GENERIC SUBSTITUTION IS NOT PERMITTED COLUMN
NAME:	DIAGNOSISTI Chofor (Asl CTV)
Marshell, Carl	a / Inte migospani 1 1 don 2
D.O.B. 8 16 148 1105 Py 2	1/200 Cl APA bet x 90dy -
	13/No add salt det sode
ALLERGIES Testingely Clarities	9/ And delate francisco (1910)
Use Third Date // /U/07	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Majord, Carl	BINGNOSIS (Inclig'd) BIDX ZIME.
1/0577	1) T listroport to your Po BOD y gad
D.O.B. & 61 48	2) FEACU 30 - 10 10 10 10 10 10 10 10 10 10 10 10 10
ALLERGIES: Tehendie Canal	3/2 Color 100 5/0 8 10 000 00 00
Use Second Date 7 // N/ 6.7	4 DP # HabAR
1700	GENERIC SUBSTITUTION IS NOT PERMITTED (CM)
NAME: Marshall, Carl	DIAGNOSIS
3/7/07 0939	2) T Colon SE 240 de di Col 4 mod
D.O.B.08/06/50 WE 13/14	E) Hobtha miounds
ALLERGIES: Tetracycline 3/1/2	401
Jse First Date 3/07/07	GENERIC SUBSTITUTION IS NOT
	GENERIC SUBSTITUTION IS NOT PERMITTED

Case 2:06-cv-01131-MHT-CSC Document 28-3 Filed 07/20/2007 Page 37 of 79 Month/Year of Charting: Facility Name: 9 10 11 12 13 14 16 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Preumore Prescriber Start Date: 7-10-7 my hood CKUP Stop Date 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Hour 1 Lisinopul to 40mg = PU BIP 7-10-7 nghod (KNd Start Date: Prescriber: 9-10-7 Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Hour FeA59 325mg -, po 2d × 90 my hord (RW) Start Date: 7-10-7 Prescriber: Stop Date: 9-10-2 Hour 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Colace joung - PO BIP PRW X 90 unhover (RW 7-10-7 Start Date: Prescriber: 9-10-7 Stop Date: BX #: Hour 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Start Date: Prescriber: Stop Date: RX# Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Start Date: Prescriber: Stop Date RX #: Diagnosis Nurse's Signature Initial Nurse's Signature Inital Documentation Codes Discontinued Order 2 Refused Allergies 3. Patient out of facility 4. Charted in Error 5. Lock Down Housing Unit: 6. Seif Administered Patient ID Number

Patient Name

M.

7. Medication out of Stock

8. Madication Held

9. No Show

C1 50

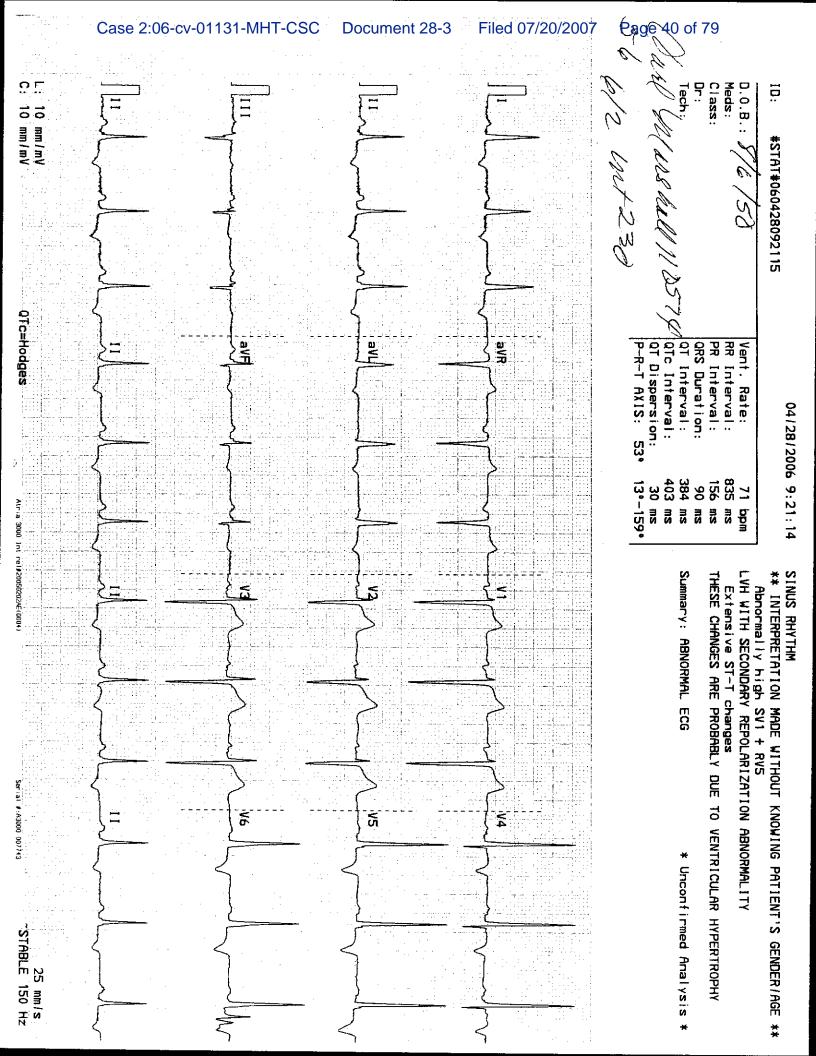
SPECIAL NEEDS COMMUNICATION FORM

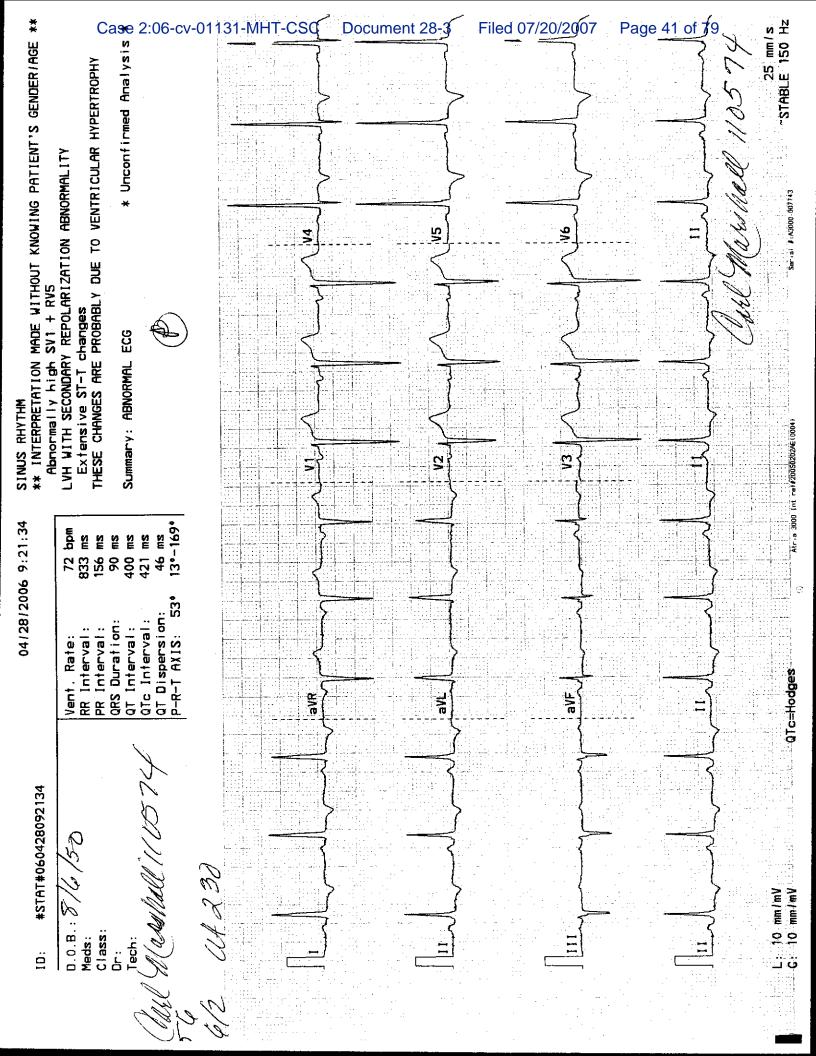
From: The following action is recommended for medical reasons: House in _____ 1. Medical Isolation _____ 2. 3. Work restrictions May have extra Trail 4. 5. Other _ Comments: '

Date: The (of MD Signature Standers / Standers



NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Last Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Third Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: D.O.B. / /	DIAGNOSIS (If Chg'd)
ALLERGIES:	
Use Second Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: MARShall, Carl 110574	DIAGNOSIS 1 Glucotud 10 mg BID 2 BS B10 & Security
D.O.B.8 16 148 ALLERGIES: Cyclenes / classifican	To CRES Mayhord By
Use First Date & 1271 17	GENERIC SUBSTITUTION IS NOT PERMITTED





Case 2:06-cv-01131-MRT-**2803T NDE-N**UMP 17 2802R R LECEU 07/20/2007

Page 42 of 79 50 7 2

TREATMENT REQUEST AND RECORD

Clinical Diagnosti AREA OF TREATMENT (CIRCLE) PROGRESS NOTES:
AREA OF TREATMENT (CIRCLE) PROGRESS NOTES:
AREA OF TREATMENT (CIRCLE) PROGRESS NOTES:
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RECORD OF TREATMENT
MONTH 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 TOTAL
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Patient's Last Name First Middle Age R/S ID No.
Marshall Carl 55 B 110574

FROM CARCAS NA 06 PCV-0113 CADIOLOGY SERVICES REQUE	31-MHT-CSC DO	cument 28-3 ^R 27	Filed of	/20/200	7/4/2019 13-869925
	No. Or S	PE)	DOB		8-6-50
ISTITUTION:	KCFILL		Ruce:_	5	Ser. M
OTB: PERTINENT CLINICAL INFORMAT	TION AND TENTATIVE DIA	ONOSIS MUST BE PRO	OVIDED POI	Y.RAV U	YAMINATION TO BE DOWN
Requesting Physician/PANP	Date of request	Time of request	Routine		
Lassiter	4-25-6	, and of request	MOUGHE	Priority	Transportation or special nes
HISTORY/DIAGNOSIS:			<u> </u>		
Protocol/	DM /HTN				•
ARDOMENAÇUI		RAY REQUEST		¥	
ACEOMIO-CLAVICULAE PODITS (W/WO	FOOT	NAVICULAR VIEW	**************************************	SOFT TESSUE STUDIES	
VEX.	1001	ORBITS		STERNAM	
CERVICAL SPENE	, MYKD	OF CALCUS (HEEL.)		1124	PORO-MANDIBULAR JOINTS
GHEST PA / LATERAL	167	PELVIS		TIKO	FACIC STINE
coccux	KMEXIS	RADRUSARNA		Trut.	MERULA
CONE DOWN SELLA TURCICA	LUMBAR SPORE	\$1E5		TOP	
ELBOW	MANDIBLE	SACRO-BLIZAC XORT BCAPULA	13	Witti	
FACIAL BONES	MAXULA	SHOULDER		ZYO	***************************************
PEMUR	NASAL BONES	BULL		ZYCK	EMATIC ARCH
Carl Marshall	R	EPORT			
Marshali				• .	
Chest: The heart is not en IMPRESSION: THERE IS D: & T: 04-27-08 Thomas	S NO EVIDENCE OF ACT	TIVE CARDIOPULMO			,
	, , , , ,				
•		·			A Share
CA Ri.					
7 1 / / 7 7					
Y TECHNOLOGIST'S NAME (PRINT)	X-RAY TECHNOLOG	GIŞT'S SIGNATURE		DATE,	TIME EXAM PERFORMED



DEPARTMENT OF CORRECTIONS

DENTAL RECORD TREATMENT

Services Rendered

Date	Tooth #	Diagnosis	Treatment			Initials	Class
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PATIEN	IT LAST N	AME FIRST	MIDDLE	DOB	R/\$	ır	NO.
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DEPARTMENT OF CORRECTIONS



MENTAL HEALTH SERVICES

DENTAL RECORD

DENTAL EXAMINATION				RESTORATIONS AND TREATMENTS				
Thom I are the second s		\$\frac{1}{2} \frac{1}{32} \frac{1}{31} \frac{1}{30} \frac{1}{2} \f						
Date of Initial Exam	1-25-01e		Initial Cla	ssification				
	Oral Pathology	Gingivitis Vincent's Infect Stomatitis Other Findings	_	8,9	- l-305.80			
Health Questionn	Roentgenograms	Periapical Bitewing Other						
YES NO	Rheumatic Fever Allergy (Novocaine, penicillin, et Present Medication Epilepsy Asthma Diabetes HIV	c.)	YES	NO	V.D. Hepatitis Anemia or Bleedi Heart Disease High Blood Press Kidney Disease Other Disease			
		SERVICES						
/ Date / 25 - Uc	Tooth # DX		7	X H T		Initiajs	Class	
\$	e (LAST, FIRST, MIDDLE)			DOCA		PVS	FAC.	
PHS.MD-70015	The state of the s			11100/	, , <u>, , , , , , , , , , , , , , , , , </u>	- 1 0	,,	

PHS
PRISON HEALTH
SERVICES

FINGER STICK BLOOD RECORD FORM

SERVICES PHOOPPORATED	INSTITUTION/FACILITY: ECISA
NAME: //MRSHALL, CARL	1.D. # <u>110574</u>
CELL SITE:	
HYSICIAN ORDER/INSTRUCTIONS:	

DAŢE	TIME	INITIALS	BLOOD SUGAR RESULTS	URINARY KETONE LEVEL (if required)	INITIALS	*	ACTIONS TAKEN/COMMENTS
4/25	10:28A		347				
4/25	4:59		419				
6/25	8:27		292				
6/26	4340		422				
6/26	11:58		319				
6/26	9.02		481				
4/27	4.324		42				
6/27	7:02 A		262				
}			<u> </u>				
		1					
			·				
	†	<u> </u>					

*Check if results called to physician.

Date	Initials	Signatures
	<u> </u>	

Initials	Signatures
 	
	
_ 	
	Initials

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME MOUSE	lall, Carl	AIS# 110574
Medication Allergies:	Tetracyc	lne Clonidin
Medical: Chronic (Long-Term) Pr Roman Numerals for Me	roblems	ŕ
Mental Health Code: SMI HARN	M HIST NONE	

Capital Letter for Psychiatric Behavior

Date		Mental Health	Date	Provider
Identified	Chronic Medical Problem	Code	Resolved	Initials
4/25/06	HTH			LL
4/24/06	DM			4
4/24/06	PPD amm			100
11/2/06	LOT AFLUAZIOBA		1/2/40	aj
		·		

^{**}If Asthmatic label: Mild – Moderate – or Severe.

PO BOX 11 MT. MEIGS, AL 36057

ACCESSION NO. NPY8/110574	NAME CARL MARSHALL				
DATE COLLECTED 4/25/06	TIME COLLECTED 8:30 AM		DATE RECEIVED 4/25/06	TIME RECEIVED 8:30 AM	

Test Name	Result	Out of Range	Reference Range
LINANTIDODY	NEG		NEGATIVE (NEG)
HIV ANTIBODY	NEG -		NEOATIVE (NEO)
RPR		R	NON-REACTIVE (NR)
URINALYSIS			
PROTEIN	NEG		NEGATIVE (NEG)
GLUCOSE		POS 3+	NEGATIVE (NEG)
KETONES	NEG		NEGATIVE (NEG)
BILIRUBIN	NEG	<u>.</u>	NEGATIVE (NEG)
BLOOD	NEG		< 5 RBC/MCL (NEG)
NITRITE	NEG		NEGATIVE (NEG)
UROBILINOGEN	NEG		< 1.0 MG/DL (NEG)
LEUK. ESTERASE	NEG		NEGATIVE (NEG)

^{*} NT = Not Tested





4/25

MARSHALL, CARL

DATE OF COLLECTION TIME

LabCorp Birmingham

1801 First Avenue South, Birmingham, AL 35233-0000

Phone 205-581-3500

SPECIMEN 116-205-5622-0

PE8

PT. ADD.:

TYPE

PATIENT NAME

PRIMARY LAB REPORT STATUS MB

FASTING: N

DATE RECEIVED

DOB: 8/06/1950

COMPLETE

Page#; l

AGE(YR/MOS.)

ADDITIONAL INFORMATION

SEX

Μ

DATE REPORTED

CLINICAL INFORMATION

CD-41139330308

PHYSICIAN ID. ROBBINS M

PATIENT ID. 110574

ACCOUNT: Kilby Correctional Facility

Prison Health Services

12201 Wares Ferry Road

Mt. Meigs

36507-0000

11:23 9836 4/26/2006 4/27/2006 10:32 ACCOUNT NUMBER: 01306900 TEST RESULT LIMITS LAB

TIME

1 E 5 1	KES	ULI,	DIMITO	LAD
CMP14+LP+5AC				
Chemistries				MB
Glucose, Serum	128 H	mg/dL	65 - 99	MB
Uric Acid, Serum	6.0	mg/dL	2.4 - 8.2	MB
BUN	18	mg/dL	5 - 26	MB
Creatinine, Serum	1.0	mg/dL	0.5 - 1.5	MB
BUN/Creatinine Ratio	18		8 - 27	
Sodium, Serum	140	mmol/L	135 - 148	MB
Potassium, Serum	3.9	${\tt mmol/L}$	3.5 - 5.5	MB
Chloride, Serum	102	mmol/L	96 - 109	MB
Carbon Dioxide, Total	24	mmol/L	20 - 32	мв
Calcium, Serum	10.2	mg/dL	8.5 - 10.6	MB
Phosphorus, Serum	3.2	mg/dL	2.5 - 4.5	MB
Protein, Total, Serum	7.8	g/dL	6.0 - 8.5	MB
Albumin, Serum	4.3	g/dL	3.5 - 5.5	MB
Globulin, Total	3.5	g/dL	1.5 - 4.5	
A/G Ratio	1.2		1.1 - 2.5	
Bilirubin, Total	0.3	mg/dL	0.1 - 1.2	MB
Alkaline Phosphatase, Serum	58	IU/L	25 - 150	MB
LDH	175	IU/L	100 - 250	MB
AST (SGOT)	18	IU/L	0 - 40	MB
ALT (SGPT)	27	IU/L	0 - 55	MB
GGT	48	IU/L	0 - 65	MB
Iron, Serum	68	ug/dL	40 - 155	MB
				MB
Lipids				MB
Cholesterol, Total	154	mg/dL	100 - 199	MB
Triglycerides	251 H	mg/dL	0 - 149	MB
HDL Cholesterol	33 L	mg/dL	40 - 59	MB
VLDL Cholesterol Cal	50 H	mg/dL	5 + 40	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
LDL Cholesterol Calc	71	mg/dL	0 - 99	
T. Chol/HDL Ratio	4.7	ratio units	0.0 - 5.0	
Estimated CHD Risk	0.9	times avg.	0.0 - 1.0	
		T.	Chol/HDL Ratio	

Men Women 1/2 Avg.Risk 3.4 Avg.Risk 5.0 2X Avg.Risk 9.6 7.1 3X Avg.Risk 23.4 11.0

Pat ID: 110574 Pat Name: MARSHALL, CARL

Spec #: 116-205-5622-0

Seq #: 9836





LabCorp Birmingham

1801 First Avenue South, Birmingham, AL 35233-0000

Phone: 205-581-3500

CD- 41139330308

SPECIMEN 116-205-5622-0 S

PATIENT NAME

TYPE PRIMARY LAB REPORT STATUS

MB

COMPLETE

Page#: 2

ADDITIONAL INFORMATION

FASTING: N

DOB: 8/06/1950

SEX

AGE(YR/MOS.)

PHYSICIAN ID.

PATIENT ID.

MARSHALL, CARL

M

55 / 8

ROBBINS M

110574

PT. ADD.:

4/26/2006

ACCOUNT: Kilby Correctional Facility Prison Health Services

12201 Wares Ferry Road

CLINICAL INFORMATION

DATE OF COLLECTION TIME DATE RECEIVED DATE REPORTED

PE8

10:32

4/26/2006

4/27/2006

11:23 9836

Mt. Meigs ACCOUNT NUMBER: 01306900

AL 36507-0000

TEST

RESULT

LIMITS

LAB

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.

Microalb/Creat Ratio, Randm Ur

Creatinine, Urine Microalbum., U, Random

169.6 499.8H

294.7H

mg/dL ug/mL

ug/mg creat

Not Estab. 0.0 - 17.0

0.0 -

Microalb/Creat Ratio Hemoglobin Alc

Alc

TSH

7.8H

4.5 - 5.7

Current guidelines recommend a treatment goal of <7% for diabetic patients. Alc may be overestimated in diabetic patients exhibiting poor control and who are also heterozygous or homozygous for HgbS or HqbC. Total glycohemoglobin is a better indicator of diabetic control in patients with these hemoglobin variants.

Prostate-Specific Ag, Serum

Prostate-Specific Ag, Serum

Beckman (formerly Hybritech) ICMA methodology

0.0 - 4.0

1.067 uIU/mL

0.350 - 5.500

LAB: MB LabCorp Birmingham :1801 First Avenue South, Birmingham, AL 35233-0000

DIRECTOR: John Elgin N MD

Pat Name: MARSHALL, CARL

Pat ID: 110574

Spec #: 116-205-5622-0

Seq #: 9836



Filed 07/20/2007 Page 51 of 79 Case 2:06-cy-01131-MHT-C Bureau c Clinical Laboratories-Mo. gomery

PO BOX 244018, MONTGOMERY AL 36124-4018

Phone:(334) 260-3400 FAX:(334) 274-9800

Patient:

Page:

Provider:

Accession

4022235

4022235

1028940

Marshall, Carl,

KILBY CORRECTIONAL FACILITY P O BOX 150

Requisition #:

D.O.B.: 8/6/1950

MT MEIGS, AL, 36057-0000

Service Area:

Collected: 4/25/2006@ Sex: M MALE

(334) 215-6600.

CHR#:

Received: 4/26/2006 @ 8:27 AM 5/ 1/2006 @ 3:31 PM

Phone: (000) 000-0000

MONTGOMERY CO HD

Reported:

Status: Final Report

Test Name

Result

Units

Normal Range

Serology Results

Reactive 32 dils.

Notes

VDRL, STS Quantitative

Reactive

TP-PA Result

Report Summary

Abnormal Summary

VDRL, STS Quantitative

Reactive 32 dils.

TP-PA Result

Reactive

TX finished 5/00/06 27

Lab Director William J. Callan, Ph.D.

> AH - Abnormal High AL - Abnormal Low

A - Abnormal S Delta Check Failed

*** Final Page *** All Results Included Case 2:06 Bure au Mf Clinical Laboratories In 0.7196 Phery Page 52 of 79

PO BOX 244018, MONTGOMERY AL 36124-4018

Collected:

Phone:(334) 260-3400 FAX:(334) 274-9800

Page: 1

Provider:

KILBY CORRECTIONAL FACILITY P O BOX 150

MT MEIGS, AL, 36057-0000

(334) 215-6600,

MONTGOMERY CO HD

Test Name

Accession

Requisition #:

Service Area:

CHR #:

4027103 4027103

Result

ID: 1039432

Patient: Marshall, Carl.

D.O.B.: 8/ 6/1950 Sex: M MALE

Received: 6/ 9/2006 @ 10:55 AM Reported: 6/13/2006 @ 3:17 PM

6/ 2/2006 @

Phone: (000) 000-0000

Status: Final Report

Normal Range Notes

Serology Results

TP-PA Result

VDRL, STS Quantitative

Reactive 32 dils.

Α

Units

Reactive Α

Report Summary

Abnormal Summary

VDRL, STS Quantitative

TP-PA Result

Reactive 32 dils.

Reactive

Lab Director William J. Callan, Ph.D.

Date Printed: 6/13/2006 Completed Between: 6/12/2006 -

3:17 PM >> PH - Panic High 6/13/2006 << PL - Panic Low

> AH - Abnormal High < AL - Abnormal Low

A - Abnormal Delta Check Failed

*** Final Page *** All Results Included



PO BOX 11 MT. MEIGS, AL 36057

ACCESSION NO. 123/110574	NAME CARL MARSHALL	FACIL RE	
DATE COLLECTED	TIME COLLECTED	DATE RECEIVED	TIME RECEIVED
6/2/06	8:30 AM	6/7/06	8:30 AM

Test Name	Result	Out of Range	Reference Range
HIV ANTIBODY	NT		NEGATIVE (NEG)
RPR		R	NON-REACTIVE (NR)
	·		
URINALYSIS			NECATIVE (NEC)
PROTEIN	NT		NEGATIVE (NEG)
GLUCOSE	NT .		NEGATIVE (NEG)
KETONES	NT		NEGATIVE (NEG)
BILIRUBIN	NT		NEGATIVE (NEG)
	NT		< 5 RBC/MCL (NEG)
BLOOD			NEGATIVE (NEG)
NITRITE	NT		< 1.0 MG/DL (NEG)
UROBILINOGEN	NT		
LEUK. ESTERASE	NT		NEGATIVE (NEG)

^{*} NT = Not Tested

Abnormal Reference Range Result Test Description

DATE COLLECTED | DATE RECEIVED | DATE OF REPORT | 02/20/2007 08:49 AM | 02/21/2007 10:06 3/7/2007 08:50

110574.2959

GFR (Glomerular Filtration Rate) calculation utilizes the MDRD formula (Modification of Diet in Renal Disease Study Group) and assumes a normal adult body surface area of 1.73. If the patient is African American multiply result reported by 1.21. (Ref. National Kidney Disease Educa. Program.)

**** Male/Female reference range: >60 mL/min/1.73 m2 ***** Note: A calculated GFR of <60 mL suggests chronic kidney disease, but only if found consistently over at least 3 months. A calculated result of <15 mL is consistent with renal failure.

----* MISCELLANEOUS *------

HGB. Alc(glycohgb)

MARSHALL, CARL

103762211

HEMOGLOBIN A1c RANGES(%)

< 6.0%

< 7.0%

> 8.0%

ROBBINS, MICHAEL

Non-Diabetic Level
Diabetic C-GLUCOSE CONTROL INDEX Diabetic Control

Additional action suggested

Final Report

Page: 2



BioReference

D O C T

0

KILBY CORR. FACILITY 12201 WARES FERRY RD. MONTGOMERY, AL 36507

BOOK/CASE:

02/20/2007 08:49 AM 02/21/2007 10:06 \$/7/2007 08:50

(A0110-0) Bio-Net Print

103762211

Original Report 02/22/2007 -FINAL-

\$6 Y

DOCTOR / GROUP NAME PATIENT I.D. / ROOM NO.

MARSHALL, CARL 110574.2959 ROBBINS, MICHAEL

DATE RECEIVED DATE OF REPORT LAB I.D. NO. DATE COLLECTED

Result Abnormal Reference Range Test Description

Tests Ordered : HEMOGLOBIN A1C, DIAGNOSTIC PROFILE I, ,

-----* CHEMISTRY *-----

Total Protein	7.	. 6		5.9-8.4	gm/dl
Albumin	4.	.1		3.2-5.2	gm/dl
Globulin	3.	.5		1.7-3.7	gm/dL
A/G Ratio	1.	2		1.1-2.9	
Glucose			162 HI	70-109	mg/dL
Sodium	14	ŁO		133-145	mmol/L
Potassium	4.	. 3		3.3-5.3	${ t mmol/L}$
Chloride	San San Lagran (1886))2, , , , , , , , , , , , , , , , , , ,	en e	96-108	mmol/L
CO2	1	26		21-29	mmol/L
BUN	1	. 7		7-25	mg/dl
* Creatinine	1.	1		0.6-1.3	mg/dl
BUN/Creat Ratio	15.			10-28	
Calcium	9.	. 9		8.4-10.4	mg/dl
Uric Acid	5,		ing the state of t	2.4-7.0	mg/dl
Iron	5	75		30-160	mcg/dl
Bilirubin, Total	The $oldsymbol{0}$ is $oldsymbol{0}$, $oldsymbol{0}$, $oldsymbol{0}$, $oldsymbol{0}$,			0.1-1.0	mg/dl
LDH	16			94-250	u/l
Alk Phos		91		39-120	u/l
AST (SGOT)		L6		< 37	u/l
Phosphorous	3.		And the second second	2.6-4.5	mg/dl
ALT (SGPT)		L7	Carlot Programs	< 40	u/L
G-GTP		1 7		7-51	u/L
Cholesterol	18	36		< 200	mg/dl
Triglycerides			213 HI	< 151	mg/dl
HDL CHOL., DIRECT		36		>35	mg/dl
HDL as % of Chole	sterol	• • • • • • • • • • • • • • • • • • •	19	•	86
Chol/HDL Ratio			5.17		
LDL/HDL Ratio		3		0-3.55	
LDL Cholesterol		n an	108 HI	< 100	mg/dL
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		* * * * * * * * * * * * *	*****	****

GFR, Estimated = 73.44 mL/min/1.73m2

Continued on Next Page

Page: 1



Page 56 of 7/9 Filed 07/20/2007 Case 2:06-cv-01131-MHT-CSC Document 28-3 Methormin 1000MS + p.o. BIDX 5 Lugs Atenolo/ 50 mg; Avinipil Hong 030 Nitedical X Loons HAS Meds Bended 25 mg Start Date: Zantal 150MG P.O. BIDYSLAGS 0360 Lobbins talet, Totracy/ins 9/6/57) Murshall lure 110574

Case 2:06-cv-01131-M	HT-CSC Document 28-3 Filed 07/20/2007 Page 57 of 79
Facility Name: KCF	Mount 1 2 3 4 5 6 7 8 8 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 25 30 31
Calins R 180mg	0300 7 19 19 19 19 19 19 19 19 19 19 19 19 19
4 pc. go x 180dy.	
	Start Date: 4/25-6 Presuriber: For #
	1 Univ 14 1 2 1 2 1 4 1 5 1 5 1 7 1 8 10 1/0 1/0 1/0 1/0 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
Alucation 10mg	O3cc > N WAY
Mucotral 10mg? po. go x 18 vd.	
	Hour 1 2 3 4 5 6 7 8 9 40 11 12 13 14 15 76 17 18 15 20 21 22 23 24 25 26 27 72 30 31
Lisinopil 20 mg	830U > VO WW
po. Go x 180di	
V	
	Start Date: 4/25/6 Prescriber Fastitu
	Stop Date: 10/36/6 RUSE.
ECA 3252 180.	OSep JOHN 1
80 × 180d.	
	Start Date: 4/25/6 Prescriber: Laster
	Stop Date: 10/86/6 RX#
	Hour 1 2 3 4 5 5 7 8 9 10 11 12 13 14 15 16 17 15 19 20 21 22 23 24 20 20 27 23 29 30 21
	Stan Dale Prescriber:
	Stop Date.
	Hour 1 2 3 4 5 6 7 6 0 10 11 12 11 13 14 15 7 18 19 20 21 22 23 34 25 26 27 28 29 31 31
	Start Date: Prescribe:
Diagnosis	AND THE PROPERTY OF THE PROPER
	Nursers Signature Initial States Signature Initial Propagation Common States August 15 Succession Common States August 15
Allergies / Rtwocycling Chryslen	V. Huzley of M.
Housing Unit. Patient ID Number: //0574	Maria de la companya della companya
Patient Name:	<i>'</i>
Marshall, Carl	

Case 2:06-cv-01131-MHT-CSC Document 28-31 Filed 07/20/2007 Page 58 of 79/02 91/10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 7300 SurFak 240mg po 90x30d Start Date: 5/4/06 6/4/01 Stop Date: 1 2 3 4 5 6 7 8 8 10 11 12 13 14 15 16 17 13 19 20 21 22 23 24 25 26 27 28 29 30 31 0360 E-mycin 19m po B10 x 30d 1500 Start Date: Stop Date: S O RX#: Prescriber: Stad Date: Stop Date: Hour 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 Start Date: Prescriber: Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 26 29 30 31 Start Date: Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Prescriber Start Date Stop Date: Documentation Codes Diagnosis Nurse's Signature Discontinued Order Refused Allergies Tetracycline, Clonich 3. Patient out of facility 4. Charteo in Errof. 5 Lack Dawn IE Self Administered Housing Unit: Pahast Li Vorther | 1057 -7. Modulation out of Stock : Medication Held a, No Shuk Marshall, Carl in Other Data of Bed

Case 2:06-cv-01131-M			
Calon Sn 180 mg	Hour 1 / 3 4 5 7 18 (10 11 12)	o/Year of Charteng 13 14 15 16 17; 18 19 20	7 C 20 22 23 24 25 26 27 23 22 30 31
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Housing Unit: Patient ID Number: 1/1574 Patient Name Mana Aul I , Ca			P. Walley Britains Leaves and the St. P. Marines

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Patient ID Number UST																											alera Le	y - 12	.•
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Case 2:06-cv-01131-MF	HT-CS		Docur					07/2				age	61	of 7	9		
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Case 2:06-cv-01131-M		Docume			07/20/20		62 of 79	
Facility Name: Kilby Correctional Facility	Hour 1 2	3 4 5 6	7 8 9 10	Month/	Year of Chartin	g: 06/06 18 19 20 21 22	23 24 25 26	27 28 29 3
Calan SR 180MG Tab CR 30.00	0300							
Calali SK 100MG Tab CK 50.00								1
Take 1 tablet(s) by mouth daily								
					 			
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		10-23-200			Lassiter, L. RX #: 2514	148650		
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Glucotrol 10MG Tab 30.00								
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Lisinopril 20MG Tab 30.00	030000							177
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Aspirin EC 325MG EC Tab 30.00	030011							
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Housing Unit: Population		and the second of the second o			han shaft on a contract of a specific or a		9 Look D	
Patient ID Number: 110574	! !						.7. Medica	ation out of St
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Marshall, Carl				100	in r Brit		inc Officer	

Case 2:06-cv-01131-MHT-CSC Document 28-3 Filed 07/20/2007 Page 63 of 79 K 3Y CORRECTIONAL FACILITY

CANTEEN SALES RECEIPT

IARSH	ALL, C	ARL V.	110574 B/M	5/03/2006	9:12AM	TRANS NR	87475
ŁI	ITEM NBR		DESCRIPTION	UI	UNIT	EXTENDED COST	
1	808	(6)	.39 STAMPS	EA	\$.39	\$2.34	
2	700	(40)	BOOK MATCHES	EΑ	\$.02	\$.40	
3	602	(3)	DORAL MENTHOL 100	EΑ	\$4.26	\$12.78	
4	607		KOOL FILTER KING	ĔΑ	\$4.65	\$4.65	
5	611	(1/	NEWPORT KING	ΕA	\$4.65	\$4.65	
6	623	8	BUGLER TOBACCO	ΕA	\$1.08	\$3.24	
7	626	3	TOP MENT CIG TOBACCO) EA	\$1.09	\$3.27	
8	430	1/)	COAST SOAP (BATH)	ΕA	\$.92	\$.92	
9	806) BIC CLEAR BARREL-BL	C EA	\$.75	\$.75	
10	211		MARUCHAN CHICK SOUP	EA	\$.47	\$.47	
11	212	(1)	MARUCHAN SHRIMP SOU	P EA	\$.47	\$.47	
12	119	2/10)	STARDROPS CANDY	EA	\$.01	\$2.40	
13	131	$\binom{1}{1}$	THREE MUSKETEER	EA	\$.57	\$.57	
14	134	(1)	HERSHEY PLAIN	EA	\$.57	\$.57	
15	137		MILKY WAY	EA	\$.57	\$.57	
		·**	** LAST ITEM ****		:		

OTAL APPLIED TO WEEKLY LIMIT 7.12 POSTED BY: PATTI P VERMILYER

I SERTIFY THAT I RECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

SIGNATURE

DATE

TOTAL PURCHASES \$38.05

BED NBR: M 086B

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ITEM ISSUE UNIT EXTENDED	
LI NBR QTY DESCRIPTION UI COST COST	
960 3 COKE EA \$.52 \$1.56	
2 902 3 GOLDEN FLAKE BBQ EA \$.31 \$.93	
3 924 2 MICROWAVE POPCORN EA \$.50 \$1.00	
4 904 1 ICE CREAM EA \$1.30 \$1.30	
**** LAST ITEM ****	
* TOTAL PURCHASES \$4.79	

OLD PMOD BALANCE 62.11 TOTAL PURCHASE 4.79 NEW PMOD BALANCE 57.32

TOTAL APPLIED TO WEEKLY LIMIT .00 POSTED BY: INMATE WORKERS

I CERTIFY THAT I RECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

SIGNATURE

DATE

BED NBR: M 086B



DIABETIC CHECKLIST

Name Marshall Coul	Nı	mber	110	57	14 m	Perio	nd 106	to 4/0	7
Augustions: 375 DP. J. E		31 T1 U+	4 0	uli	trok r	U 10	175 b-5 10		
Medications.									
Compliance: (Yes) N	0		÷						
If No, follow-up cour	nseling	done:	Ye	s N	lo	Da	te		
Enrolled in Chronic Care:	Ves :	1 (Vo						
Monofilament Foot E	Exams I	Done:			(es)	No			
Foot Disorders Treat	ed:				Yes	No			
Educational Material	Given:				(Yes	No			
Appropriate Diet Ord	lered:				Yes	No			
Regular Glucose Tes					Yes	No			
HgbA1C done q 3 mg	_				Yes	No	Every 6	months if	stable
Seen by dental at leas		ally:			Yes	No	•		
Urine tested annually		•	umin		Yes	No			
Seen by Nurse: 12/11	<u>^</u>								
Seen by MD 12/11/05									
Annual dilated retinal exam					Bv				
Referral if necessary						· · · · · · · · · · · · · · · · · · ·	····		
•				_					
Immunization:									
Pneumococcus once	and rep	eated a	fter	age	64, if r	nore	than 5 yrs	. Yes	No
Influenza annually 1.	_						•	Yes	No
Annual physical exam by MI	D/NP	Y	es l	No	Date				
Individual treatment plan	Yes	No						_	
Updated	Yes	No							
Appropriate Diet Ordered:	Yes	No							
ADOC notified:	Yes	No							



DIABETIC INTAKE SCREENING FOR INTAKES THAT PRESENT WITH DIABETES Referral to MD and Seen within 24 hrs of Intake

NAME Warshall, Cal Number,	1/0574	Date <u>4/2</u>	s/04
Diagnosed with diabetes? Yes	No		
If yes, then H & P by licensed health c		ith prescriptive	authority
If yes, date H & P completed	hv	un prosenpuro	addiority.
Random plasma glucose test results 179		Date 4/24	106
If level > 200, then second test within.	48 hours	•	
Repeat results 156		Date 4/25/6	14
Repeat results /56 If level < 200, record flagged for a fast	ing glucose pla	isma test upon a	arrival at first
assigned institution.			*
History of fasting Blood Sugar? Yes	No Resul	lts/Date <u>Nof</u>	avael
History o	or Freque <u>nc</u> y (of:	
Ketoacidosis	(Yes)	No	X 4 Since of "Most mornings" periodically 7 x 52
Hypoglycemia	Yes	No	"mist morning"
Hypoglycemia w/o awareness	Yes	No	periodically 71x 2
History of known complications	Yes	(No)	
Screening Laboratory Evaluation		-,	tic receive:
Test HgbA1c upon arrival	Date	Results in I	MR Reviewed
HDLCholesterol *			
Triglycerides *			
Total Cholesterol *			
Urine for microalbumin #140050—24 hr urine			
UA for protein & ketones (onsite)			
Serum Creatinine *			
TSH (when indicated) *			
EKG (onsite)	4-25-06		
Fundoscopic Exam	772500		· · · · · · · · · · · · · · · · · · ·
Peripheral Pulses			
* Diagnostic profile II-(048827)-Includes Chem 7, Ca++, LFT's, Lipi Panel, CBC w/Diff	d Panel, Fe, Phos, Tot	al Protein, Uric acid, G	lobulin, Transeptidase, Thyroid
Tallot, OBC WEIT			
Determination of Diabetes circle oneTy	pe I Type II		
Initial Treatment Plan by MDYES NO	1	•	
Refer to Chronic Care Clinic within 7 days			•
Diabetic diet		ADOC Y	YES NO
Education: Documented in medical record			110
			·
Reviewed by	Oate		

Case 2:06-cv-01131-MHT-Qarysic Pacing of 28-3 Filed 07/20/2007 Page 67 of 79 Date: 4/25/06 Time: 1230 Facility: Kilby Correctional Facility Check all applicable CIC's being evaluated: Card/HTN DM GI_ID_PUL_SZ_TB

Dr T B MT @ Rayo nome to x 4 dys (Ais 15m)

SUBJECTIVE: De THIN @ 1969. taking me to e that Lime. D(DCUA x 3, DM_X2C1997) OBJECTIVE: BP 180 1/00 HR 68 RRO Temp 26 Wt 20 Peak Flow 7586-157 NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, nome, coa Cardiopulmonary, abdomen, extremitles,; ID-all systems; PUL-HEENT, JEE DALHTH DIOUSES Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; Gl-abdomen. 40HA, Dunie SOB, Visual disturbance, CP on other Sto Siss 1950, OBruits. EBB clear Rept case. & putibioledema DOISS ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor Status: I=Improved, S=Stable, W=Worsened DM HTN/CARD Degree of Control Degree of Control

GFP GFP GFP Degree of Control OTHER Degree of Control Degree of Control Degree of Control GFP Status GFP GFP SW Status GFP SW PLAN: Will place on Colnectical, Calans Lisinignil, ASA; Delock to Luby Eyes CXR, SW Status SW S Descesses Cigst, With, Routine 90 days: ____Other Lax 5 F/U: Problem List Updated Yes No Hasstu and Physician/NP Marshall, Carl

(Revised 2/28/05)

IMMUNIZATION RECORD

AIS //057	£ D.O.B. 8-6-
	Hep B Vaccine By
	By
3) Dațe	Ву
fluenza	
Date	By
1 /4 / 🖴	1.3
Date	By
OHMOOGG	
Data	By
Date	By By
Date	Dagult
Date	Recult
Date	Result
	TINGOLF
Date	Result
Date	Result
Date	Result
	1) Date

, Case 2:06-cv-01131-MHT-CSC Document 28-3

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I have read the access to health care information sheets and have been given a copy. I understand how to access health care.

STATE OF ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

		RECE	EPTION MENT	TAL HEALTH SCRI	EENING EVAL	UATION		
Institution	n:	Kilby		Date/Time	Inmate Received:	4/21/06		
Date/Tim	e of Scr	reening: 4	121/06	Signature/Title of Screener:	10MI Room	60		
MENTAI	L HEAI	TH TREAT!		ENTERING THE ADOC:				
Yes (No)		e medication:			·		
Yes	No	Medication t	turned over to ADO	C upon arrival?				
Yes	No	Mental healt	th follow-up in last 9	0 days:	<u>. </u>	······································		
Yes	No	Suicide/self-l	harm attempts in la	st 90 days:				
MENTAL	HEAL	LTH HISTOR	RY Does inmate re	port a history of the follow	ing (if y e s, provide de	tails):		
Yes	No	Outpatient to	reatment:			 		
Yes	No	Inpatient tre	eatment:					
Yes	NO	Psychotropic	medication:		· · · · ·			
Yes	100	Suicidal atte	mpts:					
Yes	®	Suicidal thou	ıghts:		 -			
Yes	No	Head injury:				· · · · · · · · · · · · · · · · · · ·		
Yes	No	Seizures:		-				
Yes	10							
OF OX	No	Substance ab	ouse:					
Yes	(No)	Substance at	ouse treatment:		······································			
Yes	No.	Special educa	ation classes:		· · · · · · · · · · · · · · · · · · ·			
INMATE	SELF-	REPORT OF	CURRENT STATI	US:				
Yes	No	First incarce	ration (reaction):	Skot OKun	****			
Yes	No	Reports fam	ily support: <u>BV</u>	other, Mother				
Yes	No	Reports sign	ificant depression/re	emorse:				
Yes	10	Thinking abo	out suicide:					
Yes	No	Has plan for	suicide:			······································		
Yes	70	Possible to in	nplement suicide pla	1A:				
Yes	1	Reports ball	ucinations:					
BEHAVI	ORAL	OBSERVATI	IONS:					
Poor ey Disorie	•	et	Poor hygiene	Unable to pay attention	Unresponsi			
Crying			Anxious Memory deficits	Unable to follow direction Signs of self-mutilation	s Unable to r Afraid	ead		
		h content		ing voices or seeing things	Paranoid			
Hostile	_		Other unusual beha					
DISPOSE	TION/	PLACEMEN	T RECOMMENDA	TION (based on reception	mental bealth screeni	ng):		
Rout	ine bou	sing		Emerge	acy mental bealth ref	erral		
			ut not emergency		ll placement recomm	ended		
Curr	Current psychotropic meds verified Interim supply ordered							
Inmate Nan	· M	Avelous	Carl	<u></u>		AIS# 1/4 57//		

ALABAMA DEPARTMENT OF CORRECTIONS INMATE ORIENTATION TO MENTAL HEALTH SERVICES

The Alabama Department of Corrections provides the following mental health services:

- Assessment and treatment of mental illness
- Referral to a psychiatrist, if necessary for medication
- On-going psychiatric treatment
- · Group and individual counseling
- Assistance in dealing with stressful problems (adjustment to prisons, grief and loss, family problems)
- Crisis intervention
- Residential mental health treatment and hospitalization, if necessary

If you wish to speak with mental health staff about routine matters such as scheduling for group or individual counseling, send in a Health Services Request form.

In emergency situations or if you have concerns that need to be addressed immediately, contact any correctional officer so that you may receive mental health assistance as soon as possible.

Your participation in mental health services is voluntary except in emergency situations or when you have been provided due process through administrative review.

If you believe the mental health services provided to you are inadequate, you may file an inmate grievance.

Information about the mental health services provided to you is confidential except in the situations when mental health staff believe that you may be:

- Suicidal
- Homicidal
- Presenting a clear danger of injury to self or others
- Presenting a reasonable clear risk of escape or creation of institutional disorder
- Receiving Psychotropic medication
- Requiring movement to a special unit or cell for observation and treatment
- Requiring transfer to a psychiatric hospital outside of the prison.
- Requiring a new program assignment for mental health reasons

Mental health staff has a legal duty to report to appropriate authorities any unreported suspected abuse or neglect of a child.

Mental health and medical staff will have access your mental health records when completing their duties. The following persons may have access to your mental health records on a need to know basis:

- · Warden of the institution or designee
- Internal investigation staff and legal counsel working with the ADOC
- Departmental and accrediting audit staff
- Persons authorized by a court order or judgment

All other persons or agencies require an authorization for release of information signed by you before gaining access to your mental health records.

This information on this form has been explained to me and I have received a copy of the information for my future reference.

Inmate Signature Marshal, Carl 7/ 6/5 AIS # <u>4/こ//06</u> Dáte Signed



SPECIAL NEEDS COMMUNICATION FORM

Date:
To: DOC
From: HCU Inmate Name: Marshall, Carl ID#: 110574
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extrauntil
5. Other
Comments: BSV twice we daily BPV twice wh
Date: 7-10-7 MD Signature: Time: 126

M
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Request Directed To: (<u>Check One)</u> () Warden () Deputy Warden () Captain () Classification Supervisor () Legal Officer - Notary () Record Officer	Pay Phone	Name (PR) MUSIAN Quarters AGA Date 8/31 () Telephone Call () Custody Change (1/2) Personal Problem () Special Visit () Time Sheet () Other MED CAL Briefly Outline Your Request - Then Drop In Mail Box GELEUC IMUCH NEEDED SHEET TO REJECT MOSE TO AN ETTURY TO SUBSCIMENT PRODESTY DUE TO FEE WAS DER ONOT. WOMBLE DO Not Write Below This Line - For Reply Only DO Not Write Below This Line - For Reply Only
aptain	Collect Call	Date 8/3/16 Tal Problem Medical To Reco



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Cupl Man	shall	_ Date of Request;	: 9/6 (06
ID #	Date of Bi	- .	Des, due
TO WORK. WILL	Meel. W.	book will	ok special Sh
DO N	OT WRITE BE	LOW THIS LINE	Signature
Date:/ AM PM Allergies: AM		RECEI Date: Time: Receiving Nurse	
(S)ubjective: My Just Glaster on Then	n .		
(0) bjective Noted Ca Wholer to Del	llones L. Has	to (B) 4 E	Sock 5.
: (A)ssessment: Callouse,	e Jeet	e. pt is	dialuk
(P)lan: Segen to	OPC per IT		
Refer to: MD/PA Mental He	alth Dental D		Return to ClinicPRN
Check One: ROUTINE() If Emergency was PHS so Was MD/PA	EMERGENCY	() d: Yes() No(•
	5	IGNATURE AND T	TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



SPECIAL NEEDS COMMUNICATION FORM

Date: 9/11/06
To: KEHF - ADOC
From: PHS/ADOC
Inmate Name: Marshall Carl ID#: 1/0574
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extra
5. Otheruntil
Comments: May Rave disletic white terms Shoes & yilly
Date: 9/11/86 MD Signature: J. Adons H. Harel Time: Pm



SPECIAL NEEDS COMMUNICATION FORM

Date: 9/11/06
To: KEHF-ADOC
Inmate Name: Marshall, Carl ID#: 1/0574
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extrauntil
5. Other
May have dishetic white termis Shoes & uply
Date: 9/11/06 MD Signature: Aldons Hy Hare! Time: Pm

Dooument 28-3

Filed 07/20/2007 Page 77 of 79

PRISON MEALTH SERVICES

FINGER STICK BLOOD RECORD FORM

SERVICES MICORPORATED	INSTITUTION/FACILITY: KILDS
NAME: Marshall, Carl	
CELL SITE:	
PHYSICIAN ORDER/INSTRUCTIONS:	V DID X BODY

DATE	TIME	INITIALS	BLOOD SUGAR RESULTS	URINARY KETONE LEVEL (if required)	INITIALS	*	ACTIONS TAKEN/COMMENTS
5/5	0490	Cn.	219				
54	0400	CB	304				
DUMBLO	8 P	OFW	321				
Humil 11	0330	NR	398				
18/10/10	MON	Aga.	779				
7		1700					
·							
	<u> </u>						

*Check if results called to physician.

Date	initials	Signatures
<u>. </u>		

Date	Initials	Signatures
· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·



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	ble to he	/ PHYS	SICIAN:		
Date B.P. Arm	Initial	Date	B.P.	Arm	Initial
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4/25/10/19/6/19/6/					
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1128/01 190/110	7				
5/10/329/115	07/1/				
5/3/04 206/110 1	2			<u> </u>	
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March 11 1	/			1	
NAME: JUNE 7 HALL La	//	OCATION:			
NAME: MATShall, La	74	<u></u>			~

60103 (3/98)



SPECIAL NEEDS COMMUNICATION FORM

Date: 9 8 106	
To: <u>DOC</u>	
From: OPC	
Inmate Name: Marshall, CARI	m#: 110574
The following action is recommended for medical reasons:	
1. House in	Ju,
2. Medical Isolation	
3. Work restrictions	
4. May have extrau	ntil
5. Other	
Comments: Patient may have diabetic	shoes ir
Approved by ADOC	
BS VS twice a day for	or 30 days
Date: 9/8/06 MD Signature: UOB. Adams de	WP/ Time:
Date. 1 0 100 MD Signature. 100 12: 1100 1110 C	Drives, is



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Last Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Third Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Second Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: MARShall, coal	DIAGNOSIS 1 Glucotel 10 mg BID DBS BID. & Rocal
D.O.B.8 16 148 ALLERGIES: Cyclina / clandin	To Cree Mayhood By
Use First Date 6 1271 d7	GENERIC SUBSTITUTION IS NOT PERMITTED

SPECIAL NEEDS COMMUNICATION FORM

Date To:	Elze (on HOR ADOC
Fron Inma	n:
	ollowing action is recommended for medical reasons:
1.	House in
2.	Medical Isolation
3.	Work restrictions
4.	May have extra tray until see pu mo coci
5.	Other
Com	iments:
E,	sha food tray & hypoglycemic BS 150
Date	The of MD Signature Stander Stander Time: 730



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Last Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Markall, Carl	DIAGNOSIS (If Chg'd) Phenomia vacció
D.O.B. B161 48 //0574 ALLERGIES: Topogdia Claridia W	
Use Fourth Date 7 10 107	GENERIC SUBSTITUTION IS NOTHER TIED THE REPORT OF THE PROPERTY
NAME: Markey, Carl June	DIAGNOSIETT Chops (Asl CHN)
D.O.B. 8 16 148 105 Ay W	B) No add salt distraction
Use Third Date 7/6/07	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Majorell, Carl 1/0574	BORGHERINGIA BIDX ZINGS. 1) This import to 40 mg to BOD x 9 and
D.O.B. & 61 49 / 120	2) FRASA 325m/ PO RDX90 do Koo
ALLERGIES: Technyching clanding	3/ Colon loay + 10 B 10 PRIX Took 400
Use Second Date 7 1/01 07	GENERIC SUBSTITUTION IS NOT PERMITTED COM
NAME: Marshall, Cank 110574 3/7/0729 5/15	DIAGNOSIS 1) A GLUCATED 10 mg 40 gd x 1800 2) T Calon SE 240 mg 40 gd x 1800
D.O.B. 06/106/150 ALLERGIES! To be ougline 3/1	E) Hober - 10 whs "
Use First Date 3 107107	GENERIC SUBSTITUTION IS NOT PERMITTED

DIABETES CLINIC Q 3-months

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·	Name:	11191 3.17	<u>''</u>	DOB:	-09	8 F	115#:	110574	R/S	BM	
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THI	A Dine	osis: T yr	elo:	- And	2-11	en englander (grade bijder) Den englander bli verbringer	Dates	f Diagnosis		206	
2) 74.	Сигге	ent Meds:	Gly	4/10/	10.49	20 . Ca	a 50	2 Zyon	(Prop)	woon	120m80
01	1715171	LAKELLINE	M / I J	/ //		•		Compliand	V/NT		OF CHOM
e · (Frequ	ency of Bo	3 monit	toring: _	DALL	daily					
Po the	Formily	Uistomu V	The Eller	AR/IS	Risk f	actors (ch	eck al	that apply	J		
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	V	ARIABLI	<u>_r</u> C	Date	7-10.7	1350	Date			Date	
	1	ght/Pulse		18/100	750	81	Date			Date	
		iness/Indig	estion	13	(2)		 	<u></u>		<u> </u>	
•		al Dyspne			5		 				
	Urinary	frequency		16	P)						
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	Heart			5152 1	NG/A	<u>/ c</u>					
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Lich/		Pulses/eder ament (ann		17P	707	1951					
ا معلمها أيس		annem (am		See all	u i	10/47					
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	Fasting 1	Diagnostio	146	cm	w 1. 1	12. 24					
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CXIC.	Disease	Control		Good/Fa			1	Fair/Poor		Good/Fair/	,
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	PLAN										
	Flu vac ((annually)		206							
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	Problem			- 4e	<u> م</u>			·			
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1	CHODA	TEDMO	OATC				7.037	C PEDA C	10 A Y 0		
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L	11/1	Che	Ne, Co	lange -			7 /3	PLI	矛/めつ		•

PAGE 01



MONOFILAMENT TESTING FOR DIABETICS

		7	~
	a "Y" or "N" to indicate findings	RIGHT	LEFT
Is there a foot ulcer now?		1	N
Is there a history of foot u	· · · · · · · · · · · · · · · · · · ·	N	N
Is there an abnormal shape	of the foot?	4	A.
Is there a toe deformity?		N	N
Are the toenails thick or in	grown?	Y	Y
Is there callus buildup?			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Is there swelling?		/	N
Is there elevated skin temp	erature?	1	
Is there muscle weakness?		N	
Can the inmate see the bott	om of feet?	V	*
Is the inmate wearing impr	operly fitting shoes?	1	·~
Does the immate use footw		1/2	Y
Pulses?	DP/PT	+ POPPPT	12 20/01
			12-174
RIGHT Draw in: Callous	Skin Conditions on the Foot or Between the Control of the State of th	LEFT Toes:	in cm)
	Risk Category:		
Education done about	on foot Care Education Received _	by p	<u> </u>
Name Marshell Carl Al	S NO Date // 1/574 7/60/27	M	1 Crup
COSAC AL			.
60516-AL		ŧ.	

PRISON HEALTH SERVICES BULLA TUTWILLER PRISON EDUCATION ROSTER

TITLE OF EDU	CATION	DATE	STAFF GIVING EDUCAION	INMATE SIGNATU
diabetes		7-10-7	2/m	With the
				40 ffre
			Provide the second seco	
				1,0
			· 1000 1000 1000 1000 1000 1000 1000 10	A CANADA
		N. J. A. VY.		
		1 10 10 10 10 10 10 10 10 10 10 10 10 10		
				State of the Contract
		sm said		
			Contract Contract	
<u> </u>				
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		10.00		

PRISON HEALTH SERVICES

Physician's Chronic Care Clinic

Date: 3	7(0)	Γime:	Fa	cility Kilhun	Corrections	OFTEN ON
				DM C	COTTOCTO PE	- willing
	olicable CIC's be	mig evaluated:	Card/HTM_	_DM_GIID_	_PUL_SZ [·]	TB
SUBJECTIVE			·			
NOTE: PE	Cimple Cardiopu	patients should in ye ground, skin, nonary, abdomer imonary, A/P rate in the children in the c	be disease-specif	ic and focused o , extremities; HTI -all systems; PUI urological; GI-ab Guad	n prevention of e N/Card-eye groun	P. O.D. 79.0.D 79.0.BD
ASSESSMEN	IT: Circle the app Visit. Degre Status: I=Im	propriate Degree e of Control: G=0 proved, S=Stabl	GOUG, F-Fair, Par	tatus for each cli Poor	nic monitored du	ring today's
DM	HTN/CARD	SZ.	PUL	1D	Gl	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
Status	Status	G F P Status	G F P	G F P Status	GFP	GFP
I S W	(s) w	i s w	ISW	II S W	Status	Status
PLAN: 1) 1 2) 1 F/U: Routin	Calan 6 lucated ne 90 days:	Other	toll Phy	Problem List	t Updated: Ye	s No
			Fily	SICIAN/NP/PA		
Marsho male GENDE	NAME R	B	RACE	<u>11</u> <u>8</u>	0574 AIS# 6/50 DOB	

DEPARTMENT OF CORRECTIONS **NURSE'S**

CV/HTN CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC			THATC
	_		ALLERGIES
DATE/TIME 3/7/07 (200850			Tetracy de al Conden
O: VS TAG PGO RIS WT247	 		HX a treadmill?) Y N
BP 180 110 IF BP > 140/90 REFER TOMD/NP/PA			Date:
Do you smoke?	0	N	HX bypass surgery: Y N
Use salt?	Y	(B)	
Family History of CVHTN? Latere Family	7	א	Date:
		" ,	
Obese? Stress?	Y	(N/	
Blurred vision	Y	CN	
Headache	Y	1/1	
Fatigue	Y	N N	
Muscle weakness	Y	(P)	
Polyuria	Y	N N	
Epistaxis	Y		
S.O.B.	Y	2)4	P: LABS REVIEWED
Compliant with meds	Y.	N	Labs ordered Last CMP-14
КОР	8	N	Last CMP-14
Counseled on risk factors Non-Modificable		N	Last EKG 4128104
Describe: (2) Age (3) Gender (5) Heredity NO PI tracke (3) Smoking Caroton O Wt. Reduction (3) Amoking Caroton	\bigcirc	,	
MOPI frable @ Smoking certo Lyd			
Labs/EKG WNL NA	A-	N	
CXR if over 50		· `	•
Education Done S.O.B. Mouse Sevene HA I Fruit Visit CI Sevene HA I Fruit Confusion Confusion Face of Topic St. O. Stroke VS. Heart attack (1 side	èv.	N	
indige the notificial rest who have have		"	
Topic SIS of Stroke VS. Ikar Pattack Iside	5	- 1	
Recently admitted to hospital/infirmary	Y	(N)	CURRENT MEDICATIONS:
] }		
Notes: 4 P. C. C. C.			Colon Sk 180 mpo. ED
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cordina a tro seach y prox			himper 1 20mps. BID
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	1		Status: (circle)
			IMPROVED UNCHANGED WORSENED
,	Ī		Level of Control: (circle)
			GOOD FAIR POOR
	Ţ	T	CCC WITH NURSE (circle)
			1, 2, Months
	T		CCC-WITH MD (circle)
INMATE NAME NUMBER AGE IN			1, 2, 3) 4, 5, 6 Months
AGE R	ACE/S	EX	SIONATURE/
Marshall, Carl 110574 56	B11		VALATI A
Control GoodBP < 140/90	1		TX KLY I (WW)

Fair----BP 140-160/90/100 Poor----BP > 160/100

Improved---BP< previous visit Unchanged—BP unchanged Worsened----BP increased,

'ARTMENT OF CORRECTIONS

NURSE'S

DIABETIC CHRONIC CARE CLINICS

S: DAY CHRONIC CARE CLINIC	TO CI	11111	CS
DATE/TIME: 3/1/07/00 0555			ALLERGIES
DATE TIME: 710400			tietoma.e. ac
177 80 KIS	 	┪	Tectrorogline Clarican
BP 15 Chio WT 247		1	
Any reactions:	Y		TYPE! TYPE!
Third your later and the	1 1		
Thirst, vomiting, or abdominal pain Skin or foot problems:	Y	l RO	
Okili di 100t problems:	Y		
Foot exam done:			
Rotation of injection sites	Y	<u> </u>	
N/A) Y	N	
Changes in eyes			
Dietary compliance:	Y	0	
NoncompliantEducation done	Y	N	P: LABS
Medication compliant	Y	N	Lost H. L. L.
NoncompliantEducation done Tremors	Y	N	Last HgbAIC: Date 2007 Result 9.4
, rottivity	Y	(N,	Date : 15 9 LT Result 1.4
Reviewed canteen list VELIT			
Compliant KEHE	Y	N	
If noncompliant, education done	Y	N	
Infirmary or hospital since last CCC visit	Y	N	
If yes, date	Y		ORDERS:
Review of FLU vaccine Review of Pneumovax	(Y)	N	·
Fundoscopic exam Reference 4/25/24	Y	(E)	
· succeeding examin the factor of the state	Y	z(
Annual Diabetic Checklist updated			
NOTES:		N	
2 n 3 mg Arc level un V to co less! 8 70 4 monte unel contenue-lo De complimate moder diel 4 Exercise:			MEDICATION:
11) My 416 lemb are 0 100 most		(Black Ofred 5 m
8 70 4 W W 13 1111 C 115 C 11 3 - 1			Propriet 57
The same servering to			_p.0 621>
_ be completed to make dist		ſ	
C KER CLSC	İ		
			Status: (circle) 778
			Improved, Unchanged,
		_	Worsened:>
			Control: (circle)
			Good, Fair Pool
The Real Feat End Probe	•	1	CCC NURSE (circle)
Education done A SOUKS B.D. Report: That ing	7 F	N	EVERY 1, 2 Quanths
EXECUTE Nail a straight aerous - tain		17	CCC WITH MD (cucle) 1, 2, 3, 4, 5, 6 months
TOPIC TOOL CUTE = SORES			· · · · · · · · · · · · · · · · · · ·
INMATE NAME NUMBER AGE RACE/S	EX.	SI	CN ATUM
ma + shall Garl 110574 56 B/11			(44 A) 5 1 1
10//		Ţ	7/1/7H-X/
Control Good High-Air Will		- 17	V 11 / 18 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Tany - BighA4C within 2 % of normal Poor - Ligh Vis. - 25 subove animal c

Status

Improved -- Decrease in Hob etc. and send there are by 5%. Unchanged - Do change in Hope (1) and weight Worsoned----Increase in Hope (3), and weight

		FRISON	LUEAL IN 21	RVICES	KEHI	
ì	.	Physicia	n's Chronic Ca	are Clinic		
Date: 12	11/00	Time:	F	acility: <u>Kilby</u>	Correction	altacility
Check all ap	plicable CIC's b	eing evaluated	:Card/HTN _	_DM_GI_II	PUL SZ	TB
SUBJECTIV				<i></i>		<u>.</u> . –
				9		
OBJECTIVE NOTE: Pi Con	nplications: DM-e Cardiopuli	patients snould ye ground, skin, nonary, abdome	cardiopulmonary n. extremities.: ID	fic and focused /, extremities; H)-all systems: Pl	on prevention of TN/Card-eye grou	end-organ nds,
						C ~
HTW	mother	him & men	ns bid (du	ming from	ibdomen. Irol 5 mg Ise 180 mg Chril 20 m Ash 325 m	P.0 (3)
) DM	No recen	t tale.		L', a	136 180 mg	D0.00
	humps for	w Erstone B. Oldsm	hi. Heart		opal son	J b .: 1810
	MAKE S TO	y, Olexan	e, but	-	134 JAS 7	15.0.0D
DM	Status: (=Im	nproved, S≃Stabl	e, W=Worsened PUL	itatus for each o	linic monitored d	uring today's
G F P	G F P	Degree of Control	Degree of Control	Degree of Contro	Degree of Control	Degree of Control
Status I S 2 W	Status	Status	Status	G F P Status	G F P Status	G F P Status
PLAN: 1) (omslesie	ment vait.	S W	<u> </u>		I S W
F/U: Routi	ne 90 days:	Other _		Problem Li	st Updated: Ye	es No
			RHL	oisis (ND/D)		
		^	' Phy	/sician/NP/P <i>F</i>	•	
Marsh	all, Ca.	4		_	110574	
	NAME	RV	/		8-6-50	<u> </u>
GENDE	<u>r</u> R		RACE		DOB	

(Revised 2/28/05)

- PARTMENT OF CORRECTIONS

NURSE'S DIARFTIC CUDA

S: DAY CHRONIC CARE CLINIC CHRONIC CARI	<u>∟</u> UI	JIN.	ICS
F P		7	ALLERGIES
O: VS 796 P84 R 18 CP (0) CS 30			Totaricalline
0.42 118. 184 K 18	 -		Cloudine
BP150/120 WT 247.50 Plas			The second analysis
Any reactions:			TYPE I TYPE II
Thins	Y	- 8	
Thirst, vomiting, or abdominal pain	1/		
Skin or foot problems:	<u>Y</u>	12	
Foot exam done:	1	0	
Rotation of injection sites	_(Y)	N	
(N/A)	Ÿ	N	
Changes in eyes] ''	
Dietary compliance:	Y		İ
NoncompliantEducation done	Ø	N	P: LABS
Medication compliant		N	
NoncompliantEducation done	8	N	Last HgbAIC:
Tremors	<u> Y</u>	N	Date 4/26/17 Result 7.8%
	Y	0	4.0
Reviewed canteen list Compliant	1/	ļ	
	Y	N	
If noncompliant, education done	Y	N	1
nfirmary or hospital since last CCC visit If yes, date	Y	3	ORDERS:
	.	9	ORDERS:
Review of FLU vaccine 11 2 56	(P)	N	
	\forall	N	,]
undoscopic exam try referral 4121/16	Y	N	
Annual Diabetic Checklist updated			
NOTES:	Y	N	
		Ī	MEDICATION:
duc marine give		ļ	Cal. Call
In 3000 AIC quel milke			Ec ASA 325 ypo GI
STANS AT C fruit mil ke	ł		FC ALA - CO
L770 + in mit will contine			- 34 3 75 yput
	}		
to be conflict at a diet, mal			
- Jack to to court, many	1	1	ļ
FRUCISC	T		Status: (circle)
MO COSC	ļ		Improved, Unchanged.
			Worsened
I	1	1	Control: (circle)
		J	
The Date and			Good, Mir Poor
Inspect for some of first			CCC NURSE (circle)
ducation done A Social & D	5).	-	CCC NURSE (circle) EVERY 1, 2. Omonths
ducation done A SOCKS B.D. Por synger Food Ards. EVER 28 Novice Straight nergy - Pach Prof. Trylling) C		CCC NURSE (circle) EVERY 1, 2. Conomis CCC WITH MD (circle)
ducation done A GORKS & D EXPLOSE Novice straight aeross - Pain pic poot Care roughly on - Office ed cans - USE Sopre	2		CCC NURSE (circle) EVERY 1, 2. Omonths
ducation done A SOCKS BD EVERTES Novice Straight nergy - Pach Popic FOOT Care Constitution - Confedence - Socres IMATE NAME A CONTROL SOCRES	- /		CCC NURSE (circle) EVERY 1, 2. Conombs CCC WITH MD (circle)
ducation done A SOCKS BD EVENTURE Novice Straight nergy - Pain Popic FOOT Care MATE NAME NUMBER N	- /		CCC NURSE (circle) EVERY 1, 2. Conombs CCC WITH MD (circle)

Earror HgbA4C within 2% of normal Poorso HgbA4C > 2% above normal.

Improved Decrease in High-AU, and weight decreased by Co., Unchained Ho change in High-VIC and weight Worsened ... Increase in High-VIC and weight

PRIOR ase 2:06-cv-01131-MHT-CSCEPARTMENT OF CORRECTIONS

___ NURSE'S

V/HTN CHRONIC CARE CLINIC S: CHRONIC CARE CLINIC ALLERGIES DATE/TIME 12 leture on cline 0: VS 199 P84 La colin HX a treadmill? BP 180120 IF BP > 140/90 REFER TO MD/NP/PA Do you smoke? Date: HX bypass surgery: Use sait? N Family History of CVHTN? Date: N Y N Stress? Blurred vision γ Headache Y Ñ Fatigue Muscle weakness Ϋ́Υ Polyuria **Epistaxis** S.O.B. P: LABS REVIEWED Compliant with meds Labs ordered ٠ ٢٠ Last CMP-14 4124/00 Counseled on risk factors Last EKG Age - + areanies Labs/EKG WNL CXR if over 50 145 ht nes Grand Recently admitted to hospital/infirmary (N CURRENT MEDICATIONS: Notes: 8R 180 h Status: (circle) IMPROVED UNCHANGED WORSENED Level of Control: (circle) GOOD FAIR CCC WTH NURSE (Circle)
1, 2, 2) ionths CCC WITH MD (circle) 1, 2, 3 4, 5, 6 Months INMATE NAME NUMBER AGE RACE/SEX SIGNATURE larshall, Car 50 110574 13/1 Good---BP < 140/90 Status: Improved --- BP < previous visu Fair----BP 140-160/90/100

Unchanged—BP unchanged Worsened---BP increased

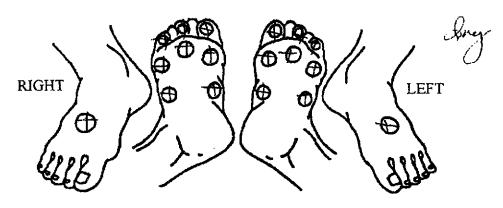
Poor----BP > 160/100



MONOFILAMENT TESTING FOR DIABETICS

Fill in the following blanks with a "Y" or "N" to indicate find	ings	RIGHT	LEFT
Is there a foot ulcer now?	γ	<u> </u>	<u>n</u>
Is there a history of foot ulcer?		1	n
Is there an abnormal shape of the foot?	<u> </u>	<u>n</u>	<u> </u>
Is there a toe deformity?		h	<u> </u>
Are the toenails thick or ingrown?		<u> </u>	<u> </u>
Is there callus buildup?	<u> </u>	<u>~</u>	<u> </u>
Is there swelling?		₽	<u> </u>
Is there elevated skin temperature?		n	<u> </u>
Is there muscle weakness?		Y	<u>^</u>
Can the inmate see the bottom of feet?		γ	
Is the inmate wearing improperly fitting shoes?		2	\sim
Does the inmate use footwear appropriate?		Χ	
Pulses?	DP/PT	ス	ナ ユ

Note the level of sensation in the circles: (+) → Can feel the 5.07 filament (-) → Can't feel the 5.07 filament



Skin Conditions on the Foot or Between the Toes:

Draw in: Callous , Pre-ulcer , Ulcer Label with: R - Redness, M - Maceration, D - D	
Risk Ca	
No loss of protective sensation. Loss of protective sensation Loss of protective sensation with either high p History of plantar ulceration, neuropathic fraction.	oressure (callous/deformity), or poor circulation. ture (Charcot foot) or amputation.
	Received Single by
Name AIS NO Date Marshall, Carl 110574 121	11/06 Faquin Ra

Case 2:06-cv-01131-MHT-C&GLBVDOODFRENT-28-NAL FNED 07/20/2007 Page 15 of 83

MARSE	HALL, C	ARL V.	110574 B/M	5/04/200	6 3:37PM	TRANS NR	88093
LI	ITEM NBR	ISSUE QTY	DESCRIPTION	UI	UNIT COST	EXTENDED COST	
1	909		JUMBO CHILI CHSE DOG	i EA	\$2.18	\$2.18	
2	.953	D	HORMEL M/W CHILI	EA	\$1.28	\$1.28	
3	904	0	ICE CREAM	EΑ	\$1.30	\$1.30	
4	904	(1)	ICE CREAM	EΑ	\$1.30	\$1.30	
		***	* LAST ITEM ****		32. 5		
				TOTAL	PURCHASES	\$6.06	

OLD PMOD BALANCE 6.99 TOTAL PURCHASE 6.06 NEW PMOD BALANCE
TOTAL APPLIED TO WEEKLY LIMIT 12.01 POSTED BY: INMATE WORKERS

I CERTIFY THAT I RECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

SIGNATURE

DATE

BED NBR: M 086B



FINGER STICK BLOOD RECORD FORM

NAME:	Marc	hall, (TIONS: BS	··	INS	STITUTI . #	ION/F/	ACILITY:	[G.	1BY 3.:	
CELL SIT	E:	· · · · · · · · · · · · · · · · · ·	7)			·		<u> </u>			
PHYSICIA	N ORDE	R/INSTRUC	TIONS:BS	V E	SIPX	<u>30</u>	<u>ا</u>				
	7		BLOOD		YARY	 T					
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C A ITEEN SALES RECEIPT

MARSI	HALL, C	ARL V.	110574 B/M	5/02/2006	3:35PM	TRANS NR 87273
LI	ITEM NBR	ISSUE QTY	DESCRIPTION	UI	UNIT COST	ÉXTENDED COST
1	962	1	DR. PEPPER	EA	\$.52	\$.52
2	960	1	COKE	ΕA	\$.52	\$.52
3	924	2	MICROWAVE POPCORN	EA	\$.50	\$1.00
		***	** LAST ITEM ****		==	戏三菜芹菜生虫生素
				TOTAL PI	JRCHASES	\$2.04

OLD PMOD BALANCE 54.55 TOTAL PURCHASE 2.04 NEW PMOD BALANCE 52.51
TOTAL APPLIED TO WEEKLY LIMIT .00 POSTED BY: INMATE WORKERS

I CERTIFY HAT I RECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

I MATURE

DATE

BED NBR: M 086B

Case 2:06-cv-01131-MHT-CSGLBDOSUMPERT 2804AL FIRED 07/20/2007 Page 18 of 83

MARS	SHALL, C	ARL V.	110574	B/M	5/02/200	6 9:57AM	TRANS NR 8	86956
LI	ITEM NBR	ISSUE. QTY	DESCRIPTION		UI	UNIT COST	EXTENDED COST	******
1	960	2	COKE		EA	\$.52	\$1.04	
2	912	1	DOUBLE CHEESE	BURGER	EA	\$1.73	\$1.73	
		* * *	** LAST ITEM **	**		红	#==#==#	
					TOTAL	PURCHASES	\$2.77	

OLD PMOD BALANCE 57.32 TOTAL PURCHASE 2.77 NEW PMOD BALANCE 54.55
TOTAL APPLIED TO WEEKLY LIMIT .00 POSTED BY: INMATE WORKERS

I CERTIFY THAT I RECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

SIGNATURE

DATE

BED NBR: M 0868

K 3Y CORRECTIONAL FACILITY

CANTEEN SALES RECEIPT

iarsh	IALL, C	ARL V.	110574 B	3 / M	5/03/200	9:13AM	TRANS NR	87476
LI	ITEM NBR	ISSUE QTY	DESCRIPTION		UI	UNIT COST	EXTENDED COST	
1.	140	(<u>1</u>)	REESE CUPS		EA	\$.57	\$. 57	
2	141	(یا	SNICKERS		EA	\$.57	\$.57	
3	173	(3	G/F CORN CHIPS		E A	\$.48	\$1.44	
4	174	3	G/F CHEESE CURL	LS	EΑ	\$.42	\$1.26	
5	183	(1)	TROPHY MIXED NU	UTS	EΑ	\$1.05	\$1.05	
		***	* LAST ITEM ****	*		==	· 李林林林 * 本 * * * * * * * * * * * * * * * *	
					TOTAL	PURCHASES	\$4.89	

OTAL APPLIED TO WEEKLY LIMIT 12.01 POSTED BY: PATTI P VERMILYER

I CERTAFY HATELINECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

STENATURE

DATE BED NBR: M 0868

Case 2:06-cv-01131-MHT	-CSC	; [)ocu	mer	t 28	-4	File	ed 07	7/20/	2007	7 (.	Pag	e 20	of	83			
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Case 2:06-cv-01131-MHT-CSC Filed 07/20/2007 Document 28-4 Page 21 of 83 Month/Year of Charting: 7 20 21 22 23 24 25 36 27 28 29 30 31 MEHF Facility Name: 4 Gheotral to 10mg Start Date: Prescriber: Dr. Rolling Stop Date: 9(3)77 RX #. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Calan 8R 2407) P.U. BD X18589 Start Date: 12/7/07 Prescriber: Dr. Pall XL Stop Date: (3) # 0 7 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 D.O. AND XISO DAYS Prescriber Dr. Policy Starl Date: 12 7/7 6/11/07 F(X #: Stop Date: 1 2 3 4 5 6 7 9 9 10 1: 12 13 14 15 18 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 F.O. RD X1805 Lays Start Date: 12 7 02 Dr. Patrices Prescriber: Stop Date: 6/11/07 9 10 11 12 13 14 15 16, 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Prescriber: Start Date Stop Date: 9 [10] 11 [12] 13 [14] 15 [16] 17 [18] 19 [20] 21 [22] 23 [24] 25 [26] 27 [28] 29 [30] 31 1 2 3 4 5 6 7 B Start Date: Stop Daler RXA l' agnosis Nersols Signature Ratio Mindola Signature Cocomentarion Codes 1 Discontrated Order a. Refused Allergies Perent out of tourity Charted in Error to fracey leave Chack Descri Housing Unit. 8. Self Administered Patient ID Number The Montain with Stock 13. Medir Jen Heid Palient Name: 3 No. 51 602 Marshall, Co. l Landidae



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Daine Name: (And Marshin CC	Date of Reques	st: MAY 1,0	2006
Print Name.	e of Birth: 8/6/50	Location:	-8 G
Nature of problem or request: Blood	Sugn Ha	5 Jumps	<u> </u>
TO HISH FROM	4-276	//	
THAN 2 WKS		15/1	
	- 04/1	Signature	
DO NOT WRI	ITE BELOW THIS LINE	<u> </u>	
Date:/ AM PM Allergies:	REC Date: Time: Receiving Nu	EIVED	
(S)ubjective:	du Ne	5	
(O)bjective (V/S): T: P:	<u>R:</u>	<u>BP:</u>	<u>WT:</u>
(A)ssessment:			
(P)lan:			
Refer to: MD/PA Mental Health	Dental Daily Treatment CIRCLE ONE	Return to Cli	inic PRN
Check One: ROUTINE () EMEF If Emergency was PHS supervis Was MD/PA on c	,	No () No ()	5/464
	SIGNATURE A	ND TITLE	

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

ELL.	
M (FPS)	

Nursing Evaluation Tool:

General Sick Call

<u>Marshall</u>	$\bigcap_{i \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{j \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j \in I} \bigcap_{j \in I} \bigcap_{j \in I} \bigcap_{i \in I} \bigcap_{j$		
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SBS @ 7115A .	- Colonia	To tog	という
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GUIRED due to the following (Gire rent Complaint phore than 2 white for the same of LUNCON TO ILCO BS	ck all that apply)		
: Uncontrolled BS	**vista		
c. LUCON Trolled BS	**vista	e status of the patient or secursure of	The
could contact a physician and/or a mursing and to given.	benylaol K you have any concerns about to	name - and a first of the control of	
could contact a physician and/or a mursing and the given. t Apply: return it condition worsens.	beutpol & Jon Pare and couceurs about &		
could contact a physician and/or a mursing and the given. t Apply: return it condition worsens.	beutpol & Jon Pare and couceurs about &		
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could contact a physician and/or a marsing and be given. Apply: return it condition worsens. a patient demonstrates an understanding or make follow-up. If YES I NO (it NO the DINO) in the DINO (it Yes, Whom/Where): A YES (it Yes, Whom/Where): A Coulding I Urgent I Emergent (if emergent)	pervisor if you have any concerns about if the nature of their medical condition as a schedule patient for appropriate follow	nd instructions regarding what they strup visits) Date for relemat: 5 4 06 1777	
	40 BM E HR N s: (As Indicated) T: 40 P: 1 SBS @ 7115A	Date of Birth: BIV Time Seen: OLOGO AND Int(s): BS has been gain 1 too he YO BM C HX NIDDM, HYN S: (As Indicated) T: YO P: TO RR: LN BIP SBS @ 7115 A 301	Date of Birth: BILLISON MARK DO TITT TIME SEEN: OLUME AM JPM Circle One Int(e): BS has been gaing 1 too high 40 Bm c Hx NIDDM, HTM Si: (As Indicated) T: 90 P: 19 RR: LU BIP 199 I IVE MYT SSBS @ 7115A 301



DEPARTMENT OF CORRECTIONS TRANSFER & RECEIVING SCREENING FORM

SERVICES X ALVALITY .	BR & RECEIVE	ING SCREENIN	IG FURM					
RECEIVED: Inmate/Health Record	RELEASED: Inmate/Healt	<u>-</u>	ALLERGIES:					
Institution:	Institution: NCF		Tetracycline, Clonidine					
Date: Time: AM/PM	Date: 200 4 Time:	AM/PM	PHYSICAL EXAMINATION					
RECEIVED FROM: Institution/Work Release Center/Free-World Hospital		Cograntian	Date of last exam: 4/2/10 6					
Total Total		Segregation Mental Health	Chest X-Ray Date: Result: SUN					
RECEIVING MEDICAL STATUS	<u> </u>	MEURT LIEBUL	PPD Reading 4/24/06					
Population	Other		PPD Reading 7(27(0)					
Copulation	RELEASE TO:		Classification:					
Infirmary	DOC Infirm.	ary Mental Health	Limitations:					
Isolation			Emmanoris.					
AD DECLIETE LACT DEDOCT	Institution/Work Release C	enter/Free-World Hospital	YES NO					
LAB RESULTS - LAST REPORT	al Abnormal	Wears Glasses/Contac						
Treatments Complete Norm		Dental Prosthesis	~H H					
Urinalysis 4200	ノ 片 !		님 님					
RPR 7125/66	出り	Hearing Aide						
		Other Prosthesis	Recieving Nurse					
CURRENT OR CHRONIC MEDICAL/DENTAL/MENTA	AL HEALTH PHOBLEMS O	R COMPLAINTS						
Н	HE, NT							
CURRENT MEDICATION DOSAGE AND FREQUE	NCY	MEDICATIONS [Sent w / inmate Not sent w / inmate					
		_	Sent w / inmate Not sent w / inmate					
1 1 20 00 DA PO 60)	<u> </u>	_ :					
Manobul and	•	4	Sent w / inmate Not sent w / inmate					
Licinopril 20mg PO 62)	Released to:/	002					
Surlah 240, 70 6	\mathcal{O}	Date:	Bu 4 Time: 133- AMPH					
		MEDICATIONS [Received Not Received					
EC ASA 325ms PO 6			Received Not Received					
Wellemin 1000 POT	and Emor	HEALTH RECORD	Received Not Received					
SCHEDULE FOR CHRONIC CARE CLINIC		CHART REVIEWED 1						
			-W					
DATE: LAST CLINIC:		Received by: Signature	of Receiving Nurse					
		Date:	30 4 Time: 13 AM/RE					
FOLLOWUP CARE NEEDED Date	Time With Who	om Location (Sending N						
Medical Dental			,					
Mental Health								
St 5 Drug Use	Open Sore	Yes No	INTAKE					
Mental Illness	Lice		Sick Call Procedures Explained					
Suicide Attempt	Edema		Height <u>C2</u> /					
Chronic Care	Warm & D		Weight 225					
EN	Cool & Mo	ust	Blood Pressure					
Special Diet	Alert		Temperature 951					
Appearance	S 2 Oriented		- 4/3					
Drug Use Drug Use	ASSESSED TO LONG OF THE PROPERTY OF THE PROPER		Pulse Resp. 757					
Wental Illness Wental Illness Wental Illness Suicide Attempt Chronic Care Special Diet Appearance OTHER PERTINENT NURSING ASSESSMENT	Open Sores Lice Lice Lice Lice Lice Warm & D Cool & Mo Cool & Mo Alert Oriented Uncooper Depresser Depresser Open Sores Name & D Cool & Mo Oriented Oriented Open Sores Name & D Cool & Mo Open Sores Name & D Open Sores		Other					
- O O P , UPA	Z Khoda 1		411					
Signature of Nurse Completing Assessment (Sending Nurse)		Signature of Intake Screening	Nurse (Recentary Nurse) 5304					
INMATE NAME (LAST, FIRST, MIDDLE)	Vale	DOC#	DOB Race/Sex / FAC/					
MA = 4.07 AA	A A A	1/1/250	\$10 km 14.7/					
1 lets will	Carrie	r 110514	01/6-10 4/1/1					
PHS-MD-70009 (Whi	ite - Medical Jacket, Ye	ellow - Ťransfer Coordi	nator)					



NAME: MARSHALL, CAREL 1104	DIAGNOSIS (If Chg'd) Swrfak 240 mg p.o. QD x 30d Dexporting extory Re-V BP in thomas
D.O.B. / /	3 Increase Lisinopril to 20mg p.o.
D.O.B. / / ALLERGIES: TCN, Clanidine	B10 × 180 d
38 m	Decrease Gluctrol to Smg p.o. QD × 1800
Use Last Date 5 / 4 / 0 6	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Muchall, Carl 110574	DIAGNOSIS (If Chg'd) Hobbit Colon 5R 180 m po gd x 180 days
D.O.B. 81 6150	<i>U.</i> , , , , , , , , , , , , , , , , , , ,
ALLERGIES:	
3	7/
Use Fourth Date C/125/06	GENERIC SUBSTITUTION IS NOT PERMITTED So Dethu CAN
NAME: Murshell, Carl 110574	DIAGNOSIS (If Chg'd) Dilutul ene exam - DM
3	Sucostive 10 m poge x 180 dags
D.O.B. 8 16 150	H:sinopril & Ompoye 4 180 Can
ALLERGIES: TLP, Clon. Line	ELASA 325 prodx 180 days
Use Third Date 4125 106	CC 4 WKS BIP4 BS 7/4 □ GENERIC SUBSTITUTION IS NOT PERMITTED TO DEL TUCKOP
NAME: Marshall Cail	DIAGNOSIS (If Chg'd)
7.0574	2200 Caloue om dut i snoch
D.O.B. 8 16 150	
ALLERGIES: TCH, Cod Clanidius	
ALLENGIES. (EA), SE SE SE SE SE SE SE SE SE SE SE SE SE	
Use Second Date 4 DE 100	GENERIC SUBSTITUTION IS NOT PERMITTED Hasatu GA
NAME: Marshall, Carl	
(105/14 -	Coup, Cho, PSD, Hg b Aic, TSH, LENERO KIOSE ELC CXI
D.O.B. 81 (2150 ALLERGIES: Harrison	en releval
ALLERGIES:	ps 10 Bid & soclup
(p.i.)	BIPV DXWKXY WKS.
Use First Date 41251 4	GENERIC SUBSTITUTION IS NOT PERMITTED PLANTE CHE



PROGRESS NOTES

Date/Time Inmate's Name: MARShall, anger Carel D.O.B.: 1 5/4/06 Flu BS vS . Clo HTN . liquists sholl D850 BP: 199/105 this A.M. B5 vs have been 44 - 296 mglote (Aphrle 7.8) - He has 9 documented BS vs in the 46 W D in YE 1) HTN - Clonidize 0.1 mg row / Re - v in y he - In wase lisino pril to 20 g B1D	Softene D'S
BP: 199/105 this A.M. BS V'S have been 44-296 mg/ole (AbArle 7.9) - He has 9 documented BS V'S in the 46 DY D in YE 1) HTN - Clonidine 0.1 mg now / Re-V'n 7 he	٤' ۵
Hybric 7.9 - He has 9 documented BS v's in the 40 1) HTN - Clonidine 0.1 by now Re - v' in 7 he	
Hybric 7.9 - He has 9 documented BS v's in the 40 1) HTN - Clonidine 0.1 by now Re - v' in 7 he	
- Clonidine on prom / Re - V in 7 he	ow
temperative of the property of	own
temperative of the property of	own
- In wese lisinopril to 20 & BID	
- BP V S	
- CCC A'S Sched.	
2) NIDDA E episodes of hypoglycomia	
- Decrease Glastrol to Sm QD	
- Bs v's	
- ccc as sched.	
3) Acute Constipution (& findings on PE)	
- 9 fluids / fiku exercise	
- Surtak × 30d	
E: TX ph	
Blum	
5/5/06 reads TX for DRPR	
0820 & Bicillia LA MUNIL. ; Allergie to TTC.	
* Comsulted & Dr. Robbins	·
- E-mycin 7gm BID x 3vd	
on the column of	



	DIAGNOSIS (if Chg'd)
NAME:	
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
ALLENGIES.	
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
ALLE MILO.	
Use Third Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. 6,650 ALLERGIES: Allelist, Testia,	DIAGNOSIS (If Chertal) 2 1/0
110574,49	of par
D.O.B. 6,6,50	Zuntac 150mg Rid ALA X5 days
ALLERGIES: BALalis Tylesta	bunchill 23 mg file 19 85 days
Use Second Date 4 12/18/	GENERIC SUBSTITUTION IS NOT PERMITTED
	14 1/K D C/C
NAME: My arshall, Carl	- Metafarmin James & f. D. Bfox Sday
West 110574	- Nifedizal X L Gory D. G. J. N. S. Star
10.6.B. 816150	- Atenolol Song J. S. Ad I Salays
ALLERGIES: Adalyt, tetricylina,	
Use First Date 4 12 /1 06	GENERIC SUBSTITUTION IS NOT PERMITTED
	The design of the state of the



NAME: HOSTH COME OGOS DEND	DIAGNOSIS (If Chg'd) 1) Chem + liquid profile + K564, c ~ 10-who
D.O.B.OS 100150 WG 2011	All
Use Last Date 24 1100	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Warshall, Clark 11 0574 D.O.B. OS 106 1570 AND 1031110 ALLERGIES: TCN June Use Fourth Date 12/11/16	DIAGNOSIS (If Chg'd) Do mo: 1) Gheofrol 5 m. j. U DDN 80lgs O) Chalan SR 180 m. p. DEDN 80lgs 3 Lymporil Jone B. U. Bad X180lgs a) C Ash 325 edp. Old X180lgs V. U. Dr. Voltas Jogann
NAME: MARSHALL, CAMI 1/0574 D.O.B. 8/6/56 ALLERGIES: TCN, Clonidine Use Third Date 9/8/06 Marsh	DIAGNOSIS (If Chg'd) D Pt. may have diabetic shors if approved by ADOC (2) CCC - DM, HTN i month (3) BS V S BID X 30d
NAME: Marshall, CARI 110574 5/8/2019 D.O.B. 816150 ALLERGIES: TCN, Clonidine Marshall Construction of the Second Date 515106	DIAGNOSIS (If Chg'd) BICILIN LA 2.4 MU IM Q WK X 3 WK3 DIC E-MYCIN Medical Hold until Cleared Do B Adams CANP Howes, LAN GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Marshall, Cral 110574 5 5 0 D.O.B. 1 1 ALLERGIES: TCN Clinidine A Less First Date 5/5 04	DIAGNOSIS (D) E-mycin 7 gm p.o. BID x 30d (2) Imedical hold @ kilby until Cleared (1) GENERIC SUBSTITUTION IS NOT PERMITTED (2) PERMITTED



NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Last Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Markall, Carl	DIAGNOSIS (If Chg'd)
D.O.B. 8161 48 1/0574	
ALLERGIES: Toponydie Claridia W	
Use Fourth Date 7/0 107	GENERIC SUBSTITUTION IS NOT PERMITTED AL, CHUP
NAME: Markerly Carl	DIAGNOSIBATION Chops (Asl CHO)
D.O.B. 8 16 148 110574 WW ALLERGIES: 1	8) No add salf det rade
Use Third Date // (wo)	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Majobell, Carl	BINGNESS (Inchéid) BID X ZING
D.O.B. & GI 48 105 19 W.	2) FEASA 325 m / DO RDV9 L. HA
Use Second Date 7 1/21 0 7	3) Colon loay it a & poper x foot to
	GENERIC SUBSTITUTION IS NOT PERMITTED 4000
NAME: Marshall, Carl 574 3/7/07 0929	1 of Glucatro 10 mg no gal x 1800
D.O.B.08/06/50 100 150 150 150 150 150 150 150 150 1	E) Heb Ac ~ 10 mas
ALLEAGIES: Totacycline 3/1	All
Use First Date 3 107107	☐ GENERIC SUBSTITUTION IS NOT PERMITTED

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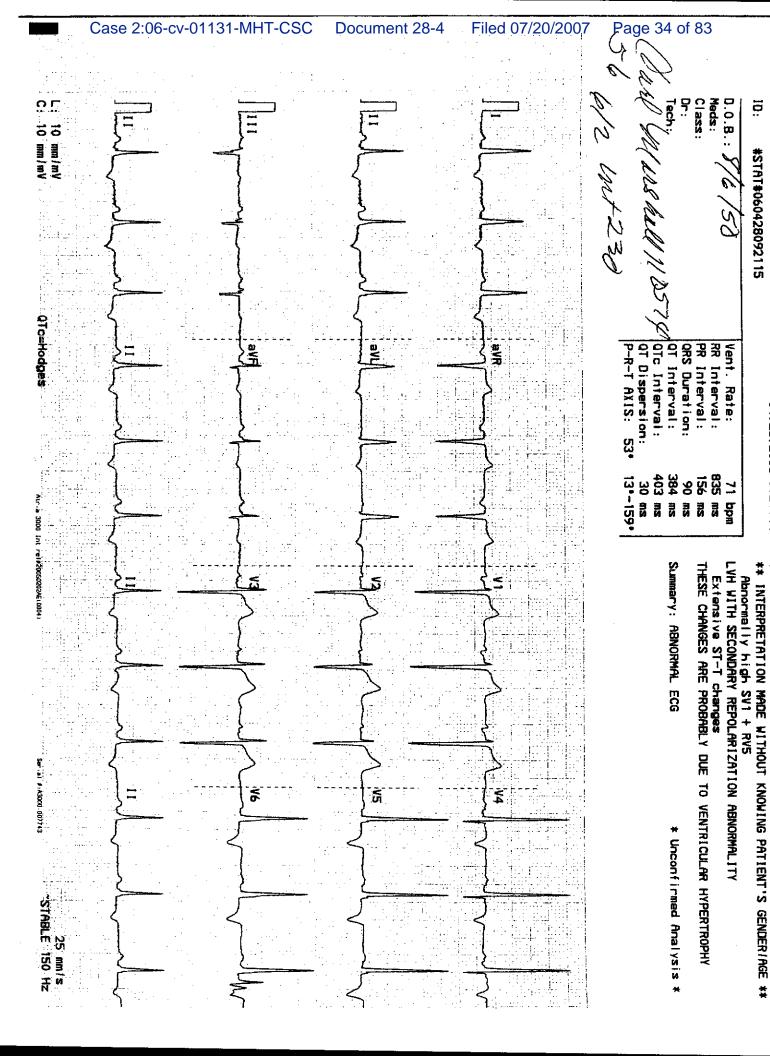


SPECIAL NEEDS COMMUNICATION FORM

Date:	CIRCON ADOC
To:	FEHT ADOC
From Inma	ite Name: Marshell, Carl ID#: 110324
The fo	ollowing action is recommended for medical reasons:
1.	House in
2.	Medical Isolation
3.	Work restrictions
4.	May have extra tray until see pu mo coc chilay
5.	Other
Com	ments:
E	sha food tray of hypoglycemic BS 450
Date	e: Che (of MD Signature & Dakeho) & Sland Time: 730

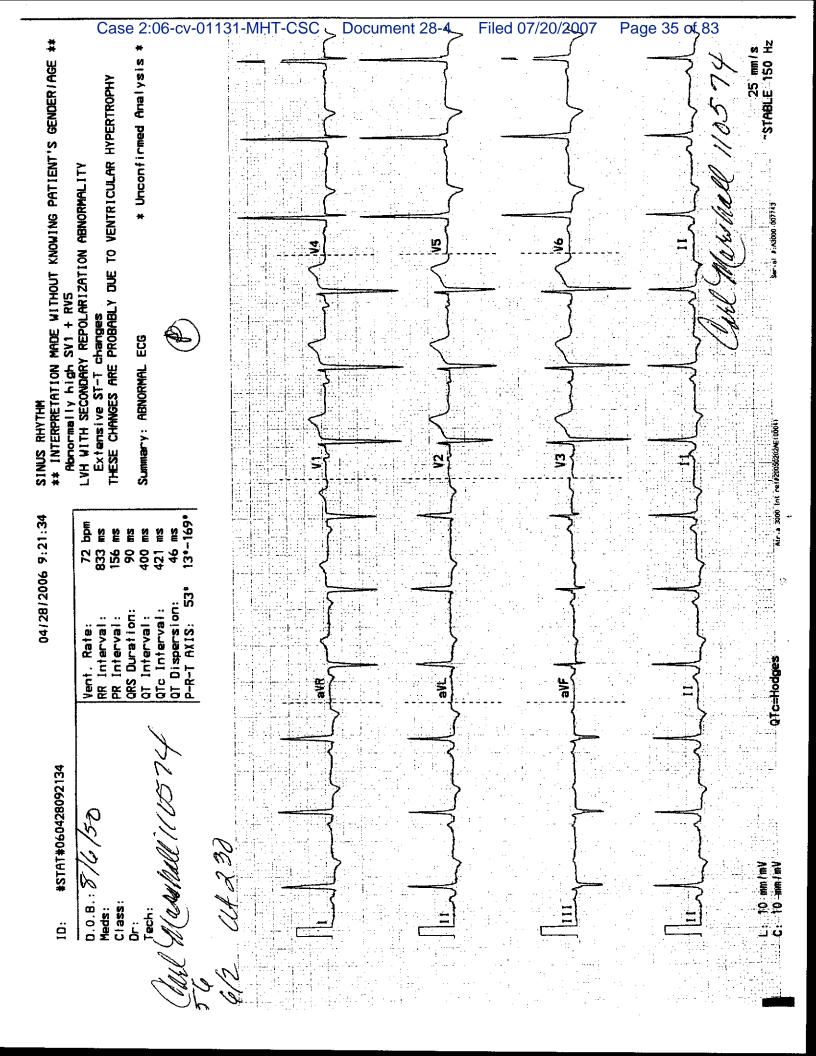


NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Last Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Fourth Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Third Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Second Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: MARShall, carl 110574	DIAGNOSIS 1 Glucated 10 mg BID 2 BS B10 & Slower
D.O.B.8 16 148 ALLERGIES: Cyclemis / closeding	Je Cres Mayhord Brown Le
Use First Date 61271 17	☐ GENERIC SUBSTITUTION IS NOT PERMITTED



04/28/2006 9:21:14

SINUS RHYTHM



D-PARTMENT OF CORRECTIO

TREATMENT REQUEST AND RECORD

Date of Request	Requested By	Patient Status	Rx. Ordered
4-25-6	PHYSICALS		
Clinical Diagnosii	6		Opte of Surgery
	TREATMENT (CIRCLE)	PROGRESS NOTES:	
	RECORD OF	TREATMENT	
	6 7 8 9 10 11 12 13 14 15 16 17 18 19		
Patient's Last Name Marsha	el Carl	Middl	55 B 11057

Case 2:06-cv-01131- FROM CAHABA IMAGING RADIOLOGY SERVICES REQUE	,	THU) APR 27	Filed 07 2006 1	<mark>7/20/20</mark> (4:53/ST. יי,	77 Page 37 of 83
	KCE March	(PE)	DOB	- K-	8-6-50 M
OTE: PERTINENT CLINICAL INFORMATI	ON AND TENTATIVE D	NATNOSIS WIIST DE DPO			Sex:
Requesting Physician/PA(NP)	Detc of request	4	Routine	1	
Lassiter	4-25	(a)	Worthing	Priority	Transportation or special meeds
HISTORY/DIAGNOSIS:		7	<u> </u>		
Protoco1/	DM /HTM	,			
		X-RAY REQUEST			
ACCOMPANIES AND PROPERTY OF THE PARTY OF THE	PINGERS	NAVICULAR VIEW		101	THEOUG STUDIES
ACTOMIO-CLAVICULAR PORTE (W/W)	FDOT	ORBITS			RNM
AMICE	- HAND	Of CALCIF (MEEL)		TD	MORO-MANDIBULAR TODATS
CERVICAL SPENS	Hir	PELVO		THE	PRACIC EPINE
COCTYX	HOPPERUS	RADRIEAUNA		7101	AFRULA
CONE DOWN SELLA TURCICA	KOMEE	R.B.S	-	307	-
El Bow	LUMBAR SPORE	PROCEDALLIS-DEDAZ		- MILL	šr .
FACIAL BONES	MANORLE	BCAMILA.	_	ZYO	OMA
PEMUR	NASAL BONES	SHOULDER	· ·	Zro	OMATIC ARCH
Carl Marchall		REPORT			
Marshall Chest: The heart is not en IMPRESSION: THERE IS	nlarged. The lungs are S NO EVIDENCE OF A	s clear. ACTIVE CARDIOPULMI	ONARY DI	SEASE.	
D: & T: 04-27-06 Thomas	J. Payne, III, M.D./jhi I	Board Certified Radiolog	gist (Signa)	ture on file	·) -
					Ashar Ashar
KA, RT.					
AY TECHNOLOGIST'S NAME (PRINT)	X-RAY TECHNOI	LOGIST'S SIGNATURE	-	DATE,	TIME EXAM PERFORMED
DIOLOGIST'S NAME (PRINT)	RADIOLOGIST'S	SIGNATURE	-	DATE	SIGNED

2021 (REY. 12/93) WHITE-CHART COPY; CANARY-PHYSICIAN'S COPY; PINK-FILE COPY



DEPARTMENT OF CORRECTIONS

DENTAL RECORD TREATMENT

Services Rendered Date Tooth# Diagnosis Treatment Initials Class

PATIENT LAST NAME	FIRST	MIDDLE	DOB	R/S	ID NO.
					·



DEPARTMENT OF CORRECTIONS

MENTAL HEALTH SERVICES

DENTAL RECORD

		DENTAL E	MOITANIMAX	<u> </u>		RESTOR	ATIONS A	ND TREATMENT	S
Date of Ini					Initial Clas	a dication			
Date of Wil		9- Oral Pathology	25.00p	Gingivitis Vincent's Infect Stomatitis Other Findings	etion _	89 -	· Later		
Health Q	uestionn		ns	Periapical Bitewing Other	-				
YES OOOO OO OO		Rheumatic I Allergy (Nov Present Me Epilepsy Asthma Diabetes HIV	ocaine, penicillin, et	c.)	YES		V.D. Hepatitis Anemia or Blee Heart Disease High Blood Pre Kidney Disease Other Disease	ssure	
				SERVICES	RENDE	RED			
	ite 5-4 _c	Tooth#	DX		8	X YT		Initials.	Class
iNMA ⁻	TE NAME	(LAST, FIRST,	MIDDLE)			DOC#	DOB	R/S	FAC.
7	Jar	shall.	Parl	,		110574	8.6.	50 /2	KCF
-	70015								



FINGER STICK BLOOD RECORD FORM

NAME: MARSHALL, CARL	I.D. # 110574 D.O.B.: 8/4/48
CELL SITE:	

			BLOOD SUGAR	URINARY KETONE LEVEL	INITIALS		ACTIONS TAKEN/COMMENTS
DATE	TIME	INITIALS		(if required)	MITIALS		ACTIONS TARCETY COMMENTS
6/25	10.28		347				
4/25	4:59		419			,	
6/25	8:27		292				
6/26	4:40		422				
6/26	11:58		319				
6/26	902		481				
4/27	4.32		42				
6/27	7:07 A		262				
							
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*Check if results called to physician.

Date	Initials	Signatures	
	<u> </u>		
			

Date	Initials Signatures		
			
Ì			

Date

Mental Health Date Provider

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME MOUSE	all, Carl	_AIS# 110574
Medication Allergies:	Tetrange	bri Clonidin
Medical: Chronic (Long-Term) Pr	oblems	•
Roman Numerals for Me	dical/Surgical	
Mental Health Code: SMI HARM	I HIST NONE	

Capital Letter for Psychiatric Behavior

identified	Chronic Medical Problem	Code	Resolved	Initials
4/25/06	HTN			Sl
4/25/00	DM			St
4/25/100	PPD amm			2
11/2/06	LOT AFLUAZIDBA		1/2/40	aj
**** <u>****</u>				

^{**}If Asthmatic label: Mild - Moderate - or Severe.

Case 2:06-cv-01131-MHT-CSC Document 28-4

Filed 07/20/2007 Page 42 of 83

KILBY CORRECTIONAL FACILITY PO BOX 11

MT. MEIGS, AL 36057

DATE OF REPORT: 4/25/2006 TIME OF REPORT: 11:01 AM

ACCESSION NO. NPY8/110574	CARL MA	ME ARSHALL	FACILITY Kilby		
DATE COLLECTED 4/25/06	TIME COLLECTED 8:30 AM		DATE RECEIVED 4/25/06	TIME RECEIVED 8:30 AM	

Test Name	Result	Out of Range	Reference Range
HIV ANTIBODY	NEG		NEGATIVE (NEG)
RPR		R	NON-REACTIVE (NR)
URINALYSIS			
PROTEIN	NEG		NEGATIVE (NEG)
GLUCOSE		POS 3+	NEGATIVE (NEG)
KETONES	NEG		NEGATIVE (NEG)
BILIRUBIN	NEG		NEGATIVE (NEG)
BLOOD	NEG		< 5 RBC/MCL (NEG)
NITRITE	NEG		NEGATIVE (NEG)
UROBILINOGEN	NEG		< 1.0 MG/DL (NEG)
LEUK. ESTERASE	NEG		NEGATIVE (NEG)

^{*} NT = Not Tested





LabCorp Birmingham

1801 First Avenue Snath, Birmingham, AL 35233-0000

Phone: 205-581-3500

SPECIMEN 116-205-5622-0 TYPE S

PATIENT NAME

PRIMARY LAB | REPORT STATES

MB

COMPLETE

Page #: 1

ADDITIONAL INFORMATION

PE8	FASTING: N
4/25	DOB: 8/06/1950

SEX AGE(YR/MOS.) М 55 / 8

MARSHALL,CARL PT. ADD.:

4/26/2006

DATE OF COLLECTION TIME | DATE RECEIVED | 10:32

DATE REPORTED 4/26/2006

4/27/2006

TIME 11:23 + 9836 PHYSICIAN ID. ROBBINS M

PATIENT ID. 110574

ACCOUNT: Kilby Correctional Facility Prison Health Services 12201 Wares Ferry Road

CLINICAL INFORMATION CD-41139330308

Mt. Meigs AL 36507-0000 ACCOUNT NUMBER: 01306900

	4/20/2000 10:32 4/20/2000	4/2//2000 11:25	agaa ACCORN.	FNUMBER: 01306900	
	TEST	RESUI	T	LIMITS	LAB
	CMP14+LP+5AC				
	Chemistries				мв
>	Glucose, Serum	128 H	mg/dL	65 - 99	MB
	Uric Acid, Serum	6.0	mg/dL	2.4 - 8.2	MB
	BUN	18	mg/dL	5 - 26	MB
	Creatinine, Serum	1.0	mg/dL	0.5 - 1.5	мв
	BUN/Creatinine Ratio	18	-	8 - 27	•
	Sodium, Serum	140	mnol/L	135 - 148	MB
	Potassium, Serum	3.9	mmol/L	3.5 - 5.5	MB
	Chloride, Serum	102	mmcl/L	96 - 109	MB
	Carbon Dioxide, Total	24	mmol/L	20 - 32	MB
	Calcium, Serum	10.2	mg/dL	8.5 - 10.6	мв
	Phosphorus, Serum	3.2	mg/dL	2.5 - 4.5	MB
	Frotein, Total, Serum	7.8	g/dL	6.0 - 8.5	MB
	Albumin, Serum	4.3	g/dL	3.5 - 5.5	MB
	Globulin, Total	3.5	g/dL	1.5 - 4.5	
	A/G Ratio	1.2		1.1 - 2.5	
	Bilirubin, Total	0.3	mg/dL	0.1 - 1.2	MB
	Alkaline Phosphatase, Ser	cum 58	IU/L	25 - 150	MB
	HQ.1	175	IU/L	100 - 250	мв
	AST (SGOT)	18	IU/L	0 - 40	MB
	AUT (SGPT)	27	IU/L	0 - 55	мв
	GGT	48	IU/L	0 - 65	MB
	Iron, Serum	68	ug/dL	40 - 155	MB
		•			MB
	Lipids				MB
	Cholesterol, Total	154	mg/dL	100 - 199	MB
>	Triglycerides	251 Н	mg/dL	0 - 149	МВ
>		33 L	mg/dL	40 - 59	MB
>		5C H	mg/dL	5 - 40	
-	LDL Cholesterol Calc	71	mg/dL	0 - 99	
	T. Chol/HDL Ratio	4.7	ratio units	0.0 - 5.0	
	Estimated CHD Risk	0.9	times avg.	0.0 - 1.0	
			ጥ	Chol/HDU Rario	

T. Chol/HDL Ratio Men Women

1/2 Avg.Risk 3.4 3.3 Avg.Risk 5.0 4,4 2X Avg.Risk 9.6 7.1 11.0

3X Avg.Risk 23.4

Scq #: 9836

Pat Name: MARSHALL,CARL

Pat 1D: 110574

Spec #: 116-205-5622-0





MARSHALL, CARL

4/26/2006

DATE OF COLLECTION TIME.

LabCorp Birmingham

1801 First Avenue South, Birmingham, AL 35233-0000

Phone: 205-581-3500

CD- 41139330308

SPECIMEN 116-205-5622-0

PE8

PT. ADD.:

TYPE

PRIMARY LAB - REPORT STATUS

MB

COMPLETE

Page#: 2

ADDITIONAL INFORMATION

FASTING: N

PATIENT NAME

DOB: 8/06/1950

SEX

DATE RECEIVED DATE REPORTED

AGE(YR/MOS.) 55 / 8

PHYSICIAN ID. ROBBINS M

PATIENT ID. 110574

ACCOUNT: Kilby Correctional Facility

Prison Health Services 12201 Wares Ferry Road

CLINICAL INFORMATION

Mt Meigs ۸L

TIME 4/26/2006 10:32 4/27/2006 11:23 9836 ACCOUNT NUMBER: 01306900

TEST

RESULT

LIMITS

LAB

36507-0000

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.

Microalb/Creat Ratio, Randm Ur

MB Creatinine, Urine 169.6 mg/dL Not Estab. 0.0 - 17.0Microalbum., U, Random MB 499.8H ug/mL 0.0 - 30.0Microalb/Creat Ratio 294.7H ug/mg creat

Hemoglobin Alc

Alc 7.8H 4.5 - 5.7

Current guidelines recommend a treatment goal of <7% for diabetic patients. Alc may be overestimated in diabetic patients exhibiting poor control and who are also heterozygous or homozygous for HgbS or HgbC. Total qlycohemoglobin is a better indicator of diabetic control in patients with these hemoglobin variants.

Prostate-Specific Ag, Serum

Prostate-Specific Ag, Serum 0.2

ng/mL

0.0 - 4.0

MΒ

Beckman (formerly Hybritech) ICMA methodology TSH 1.067

0.350 - 5.500MΒ

LAB: MB LabCorp Birmingham

DIRECTOR: John Elgin N MD

1801 First Avenue South, Birmingham, AL 35233-0000

Seq #. 9836

Clinical Laboratories-Mo. gomery Bureau c

PO BOX 244018, MONTGOMERY AL 36124-4018

ID:

Phone:(334) 260-3400 FAX:(334) 274-9800

Patient:

Page: 1

Provider: KILBY CORRECTIONAL FACILITY Accession Requisition #:

4022235 4022235

1028940

Marshall, Carl,

P O BOX 150

Service Area:

Collected:

D.O.B.: 8/ 6/1950

MT MEIGS, AL, 36057-0000 (334) 215-6600,

CHR #:

4/25/2006@ 4/26/2006 @ 8:27 AM Sex: M MALE

MONTGOMERY CO HD

Received: Reported: Phone: (000) 000-0000

5/ 1/2006 @ 3:31 PM

Status: Final Report

Test Name

Result

Units

Normal Range

Notes

Serology Results

TP-PA Result

TP-PA Result

VDRL, STS Quantitative

Reactive 32 dils.

Reactive

Abnormal Summary

VDRL, STS Quantitative

Reactive 32 dils.

Reactive

no hading they 19

TX fineshed 5/02/06 27

Lab Director William J. Callan, Ph.D.

Date Printed: 5/ 1/2006 Completed Between: 4/27/2006 -

3:31 PM >> PH - Panic High 5/ 1/2006 << PL - Panic Low

AH - Abnormal High AL - Abnormai Low

A - Abnormal Delta Check Failed

*** Final Page *** All Results Included

Case 2:06-cv-01131-MHT-CSC Document 28-4 Filed 07/20/2007 Page 46 of 83 Bureau f Clinical Laboratories-N ntgomery PO BOX 244018, MONTGOMERY AL 36124-4018 Phone:(334) 260-3400 FAX:(334) 274-9800 Page: Patient: Provider: Accession 4027103 ID: 1039432 Marshall, Carl, KILBY CORRECTIONAL FACILITY Requisition #: 4027103 P O BOX 150 D.O.B.: 8/ 6/1950 Service Area: Collected: 6/ 2/2006 @ MT MEIGS, AL, 36057-0000 Sex: M MALE CHR#: Received: 6/ 9/2006 @ 10:55 AM Phone: (000) 000-0000 (334) 215-6600. Reported: 6/13/2006 @ 3:17 PM MONTGOMERY CO HD Status: Final Report **Test Name** Result Units **Normal Range** Notes Serology Results VDRL, STS Quantitative Reactive 32 dils.

Reactive

Abnormal Summary

TP-PA Result

VDRL, STS Quantitative

TP-PA Result

Reactive 32 dils. Reactive

> Lab Director William J. Callan, Ph.D.

Date Printed: 6/13/2006 Completed Between: 6/12/2006 - 6/13/2006 << PL - Panic Low

3:17 PM >> PH - Panic High

> AH - Abnormal High

A - Abnormal

*** Final Page *** All Results Included

Case 2:06-cv-01131-MHT-CSC Document 28-4

Filed 07/20/2007

Page 47 of 83

KILBY CORRECTIONAL FACILITY

PO BOX 11

MT. MEIGS, AL 36057

DATE OF REPORT: 6/7/2006 TIME OF REPORT: 11:25 AM

ACCESSION NO.	NAME	FACILITY
123/110574	CARL MARSHALL	REHF

1	6/2/06	8:30 AM	6
	DATE COLLECTED	TIME COLLECTED	DATE

6/7/06 8:30 AM	DATE RECEIVED	TIME RECEIVED
	6/7/06	8:30 AM

Test Name	Result	Out of Range	Reference Range
HIV ANTIBODY	NT		NEGATIVE (NEG)
RPR		R	NON-REACTIVE (NR)
URINALYSIS			
PROTEIN	NT		NEGATIVE (NEG)
GLUCOSE	NT		NEGATIVE (NEG)
KETONES	NT		NEGATIVE (NEG)
BILIRUBIN	NT		NEGATIVE (NEG)
BLOOD	NT		< 5 RBC/MCL (NEG)
NITRITE	NT		NEGATIVE (NEG)
UROBILINOGEN	NT		< 1.0 MG/DL (NEG)
LEUK. ESTERASE	NT		NEGATIVE (NEG)

^{*} NT = Not Tested



D KILBY CORR. FACILITY
12201 WARES FERRY RD.
MONTGOMERY, AL 36507

BOOK/CASE:

(A0110-0) Bio-Net Print

-FINAL- Original Report 02/22/2007

MARSHALL, CARL

PATIENT I.D. / ROOM NO. 110574.2959 DOCTOR/GROUP NAME
ROBBINS, MICHAEL

LAB I.D. NO. 103762211

R

NAME

DATE COLLECTED DATE RECEIVED 02/20/2007 08:49 AM 02/21/2007 10:06

3/7/2007 08:50

56 Y

Test Description

Result

Abnormal

Reference Range

GFR (Glomerular Filtration Rate) calculation utilizes the MDRD formula (Modification of Diet in Renal Disease Study Group) and assumes a normal adult body surface area of 1.73. If the patient is African American multiply result reported by 1.21. (Ref. National Kidney Disease Educa. Program.)

***** Male/Female reference range: >60 mL/min/1.73 m2 *****
Note: A calculated GFR of <60 mL suggests chronic kidney disease, but only if found consistently over at least 3 months. A calculated result of <15 mL is consistent with renal failure.

----* MISCELLANEOUS *-----

HGB. Alc(glycohgb)

HEMOGLOBIN Alc RANGES(%)

< 6.0%

< 7.0%

> 8.0%

9.4 HI

< 6.0%

GLUCOSE CONTROL INDEX
Non-Diabetic Level
Diabetic Control
Additional action suggested

Final Report

Page: 2



D

OCT

О R

NAME

KILBY CORR. FACILITY 12201 WARES FERRY RD. MONTGOMERY, AL 36507

BOOK/CASE:

(A0110-0)Bio-Net Print -FINAL-Original Report 02/22/2007

PATIENT I.D. / ROOM NO. DOCTOR / GROUP NAME MARSHALL, CARL 110574.2959 ROBBINS, MICHAEL

DATE RECEIVED LAB I.D. NO. DATE COLLECTED DATE OF REPORT SEX 103762211 02/20/2007 08:49 AM 02/21/2007 10:06 3/7/2007 08:50 \$6 Y М

Test Description Result Abnormal Reference Range

Tests Ordered : HEMOGLOBIN AlC, DIAGNOSTIC PROFILE I, , -----* CHEMISTRY *-----

Total Protein	7.6		5.9-8.4	gm/dl
Albumin	4.1		3.2-5.2	gm/dl
Globulin	3.5		1.7-3.7	gm/dL
A/G Ratio	1.2		1.1-2.9	
Glucose		162 HI	70-10 9	mg/dL
Sodium	140		133-145	mmol/L
Potassium	4.3		3.3-5.3	mmol/L
Chloride	102		96-108	mmol/L
CO2	26		21-29	mmol/L
BUN	17		7-25	mg/dl
* Creatinine	1.1		0.6-1.3	mg/dl
BUN/Creat Ratio	15.5		10-28	. 3,
Calcium	9.9		8.4-10.4	mg/dl
Uric Acid	5.2		2.4-7.0	mg/dl
Iron	75		30-160	mcg/dl
Bilirubin, Total	0.2		0.1-1.0	mg/dl
LDH	162		94-250	u/1
Alk Phos	91		39-120	u/1
AST (SGOT)	16		< 37	u/1
Phosphorous	3.3		2.6-4.5	mg/dl
ALT (SGPT)	17		< 40	u/L
G-GTP	47		7-51	u/L
Cholesterol	186		< 200	mg/dl
Triglycerides		213 HI	< 151	mg/dl
HDL CHOL., DIRECT	36		>35	mg/dl
HDL as % of Cholesterol		· 19		*
Chol/HDL Ratio		5.17		
LDL/HDL Ratio	3		0-3.55	
LDL Cholesterol		108 HI	< 100	mg/dL
*******	*****	*****	******	*****

* GFR, Estimated = 73.44 mL/min/1.73m2

Continued on Next Page

Page: 1



Case 2:06-cv-01131-MHT-CSC Document 28-4 Hettormin 100045 + J.O. BIDX 5 Lays Fobbis Atendo/ 50 mg; p.o. ad x slays 0:300 Quinapil 40ng + p.o. adx 5 light Lobbias Nitedical X Loong 0300 = p.o. qlx Shus HRS Mels Berlight 25 mg po. 4 hs x 5 lays Robertins Partal 150mg 0000 Por ALDYSLAGS Lobbins NHWey 5 All - Handins adjacet, Totrocy/ma, 9/6/00 Marshall, lurt 110374

Case 2:06 px 91131 VIII	TCE	3C	,	١D	Ю	cui	me	en	t 2	8-	4	Ц	F	ile	d	07	/2	0/	20	07	7		⊃a	ge	5	2 (of	83	,			
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Housing Unit: Population Patient ID Hernback 110574	· · · • • • • • • • • • • • • • • • • •										ļ	*******									· i.	u 34 7 Mi	edic	ation	e QH	t o
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K BY CORRECTIONAL FACILITY

CANTEEN SALES RECEIPT

ARSH	IALL, C	ARL V.	110574 B/M	5/03/200	6 9:12AM	TRANS NR 87475
ŁI	ITEM NBR	ISSUE	DESCRIPTION	UI	UNIT COST	EXTENDED COST
1	808	(6)	.39 STAMPS	EA	\$.39	\$2.34
2	700	(E)	BOOK MATCHES	EΑ	\$.02	\$.40
3	602	(3)	DORAL MENTHOL 100	ΕA	\$4.26	\$12.78
4	607		KOOL FILTER KING	EΑ	\$4.65	\$4.65
5	611	(1)	NEWPORT KING	EA	\$4.65	\$4.65
6	623	8	BUGLER TOBACCO	EA	\$1.08	\$3.24
7	626	<u></u>	TOP MENT CIG TOBACCO	EA	\$1.09	\$3.27
8	430	1	COAST SOAP (BATH)	EA	\$.92	\$.92
9	806	رسكم) BIC CLEAR BARREL-BLK	EΑ	\$.75	\$.75
0	211		MARUCHAN CHICK SOUP	EA	\$ 47	\$.47
1	212	(1)	MARUCHAN SHRIMP SOUP	EA	\$.47	\$.47
. 2	119	2/10	STARDROPS CANDY	EA	\$.01	\$2.40
. 3	131	$\binom{1}{1}$	THREE MUSKETEER	EA	\$.57	\$.57
4	134	<u>(1</u> /	HERSHEY PLAIN	EA	\$.57	\$.57
5	137	(¹ /	MILKY WAY	EA	\$.57	\$.57
		***	* LAST ITEM ****			***
				TOTAL F	PURCHASES	\$38.05

OTAL APPLIED TO WEEKLY LIMIT 7.12 POSTED BY: PATTI P VERMILYER

I CERTIFY THAT I RECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

SIGNATURE

DATE

BED NBR: M 086B

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CA TEEN SALES RE EIPT

MARSH	ALL, C	ARL V.		110574	B/M	5/01/200	6 3:52PM	TRANS NR	86682
LI	ITEM NBR	ISSUE QTY	oesc	RIPTION		VI	UNIT COST	EXTENDED COST	
<i>[</i> /	960	3	COKE			EΑ	\$.52	\$1.56	
/2	902	3	GOLD	EN FLAKE	вво	EA	\$.31	\$.93	
/ 3	924	2	MICK	OWAVE PO	PCORN	EΑ	\$.50	\$1.00	
/ 4	904	1	1¢€	CREAM		EA	\$1.30	\$1.30	
		**	**/LAS	T ITEM *	***		*** **		
	_			*		TOTAL	PURCHASES	\$4.79	

OLD PMOD BALANCE 62.11 TOTAL PURCHASE 4.79 NEW PMOD BALANCE 57.32

TOTAL APPLIED TO WEEKLY LIMIT .00 POSTED BY: INMATE WORKERS

I CERTIFY THAT I RECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

SIGNATURE

DATE BED NBR: M 086B



DIABETIC CHECKLIST

Name Marshall Coul	Number	110574 Achierrol	Perio	od 4/06	to 4/6	7
Jucotral 5 mg P. 1 (9)	2 317104	Achilotrol'	10 10	my 6.0	>	
Medications: 375 DP						
Compliance: Yes No If No, follow-up cour		Yes No	Da	te		
Enrolled in Chronic Care:	(Yes) N	lo				
Monofilament Foot E	xams Done:	(Ves	No			
Foot Disorders Treate	ed:	Yes				
Educational Material	Given:	(Yes	. No			
Appropriate Diet Ord	ered:	Yes	No			
Regular Glucose Test		Yes	No			
HgbA1C done q 3 mg	•	Yes	No	Every 6 m	onths if	stable
Seen by dental at leas		Yes	No	•		
Urine tested annually		min Yes	No			
Seen by Nurse: 17/11	व अन्भळ				1411	
Seen by MD (2)	, XOHOY				· · · · · · · · · · · · · · · · · · ·	
Annual dilated retinal exam_		Rv				
Referral if necessary			*			
Referrat it necessary						
Immunization:						
Pneumococcus once	and repeated a	fter age 64, if	more	than 5 yrs.	Yes	No
Influenza annually 11	_			J	Yes	No
•						
Annual physical exam by MI	D/NP Y	es No Dat	e			
Individual treatment plan						
Updated	Yes No					
Appropriate Diet Ordered:	Yes No					
ADOC notified:	Yes No					



DIABETIC INTAKE SCREENING FOR INTAKES THAT PRESENT WITH DIABETES Referral to MD and Seen within 24 hrs of Intake

Hypoglycemia Hypoglycemia W/o awareness History of known complications Screening Laboratory Evaluation (at reception) Screening Laboratory Evaluation (at reception) Screening Laboratory Evaluation (at reception) All diabetic receive: Test Date Results in MR Reviewed HDLCholesterol * Triglycerides * Total Cholesterol * Urine for microalbumin #140050—24 hr urine UA for protein & ketones (onsite) Serum Creatinine * TSH (when indicated) * EKG (onsite) Fundoscopic Exam Peripheral Pulses * Diagnostic profile II-(048827)-includes Chem 7, Ca++, LFT's, Lipid Panel, Fe, Phos, Total Protein, Uric acid, Globulin, Transeptidase, Thyroid Panel, CBC w/Diff Determination of Diabetes	NAME Marshall Coul Number	110574	Date 4/25/04	
Repeat results 5	If yes, then H & P by licensed health c	are provider wit	h prescriptive autho	ority.
Repeat results 5	Random plasma glucose test results 179	10.1	Date 4/24/06	
Assigned institution. History of fasting Blood Sugar? History or Frequency of: Ketoacidosis Hypoglycemia Hypoglycemia Wo awareness Hypoglycemia wo awareness History of known complications Screening Laboratory Evaluation (at reception) Screening Laboratory Evaluation (at reception) All diabetic receive: Test Date Results in MR Reviewed HgbA1c upon arrival HIDL.—Cholesterol * Triglycerides * Total Cholesterol * Urine for microalbumin #140050—24 hr urine UA for protein & ketones (onsite) Serum Creatinine * TSH (when indicated) * EKG (onsite) ** Line for microalbumic profile II-(048827)-Includes Chem 7, Ca++, LFT's, Lipid Panel, Fe, Phos, Total Protein, Uric acid, Globulin, Transeptidase, Thyroid Panel, CBC w/Diff Determination of Diabetescircle oneType I Type II Initial Treatment Plan by MDYES NO Refer to Chronic Care Clinic within 7 days of Diabetic diet	II level > 200, then second test within	48 hours		
Assigned institution. History of fasting Blood Sugar? History or Frequency of: Ketoacidosis Hypoglycemia Hypoglycemia Wo awareness Hypoglycemia wo awareness History of known complications Screening Laboratory Evaluation (at reception) Screening Laboratory Evaluation (at reception) All diabetic receive: Test Date Results in MR Reviewed HgbA1c upon arrival HIDL.—Cholesterol * Triglycerides * Total Cholesterol * Urine for microalbumin #140050—24 hr urine UA for protein & ketones (onsite) Serum Creatinine * TSH (when indicated) * EKG (onsite) Pundoscopic Exam Peripheral Pulses * Diagnostic profile II-(048827)-Includes Chem 7, Ca++, LFT's, Lipid Panel, Fe, Phos, Total Protein, Uric acid, Globulin, Transeptidase, Thyroid Panel, CBC w/Diff Determination of Diabetescircle oneType I Type II Initial Treatment Plan by MDYES NO Refer to Chronic Care Clinic within 7 days of Diabetic diet	Repeat results 156	<u> </u>	Date <u>4125/04</u>	
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* Diagnostic profile II-(048827)-Includes Chem 7, Ca++, LFT's, Lipid Panel, Fe, Phos, Total Protein, Uric acid, Globulin, Transeptidase, Thyroid Panel, CBC w/Diff Determination of Diabetescircle oneType I Type II Initial Treatment Plan by MDYES NO Refer to Chronic Care Clinic within 7 days of Diabetic diet				
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Refer to Chronic Care Clinic within 7 days of Diabetic diet	Determination of Diabetescircle oneTy	pe I Type II		
Diabetic diet	Initial Treatment Plan by MDYES No	0		
Education: Documented in medical recordDate				NO
				NO
Reviewed by Date	· 	_		•

Mashall, Carl

(Revised 2/28/05)

IMMUNIZATION RECORD

Name V (u)	shall Carl	AIS //057	4 D.O.B.8-6-
		•	Hep B Vaccine By
	By		By
		3) Date _	By
	In	fluenza	
Date 11 a or	By we more list	Data	Ву
Date	By	Date	By By
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Date	$B\mathbf{v}$	Data	By
Date	Ву	Date	By By
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Date <u>4/24/16</u>	Result omm	Date	Result
	Kesuit	Date	Result
		11916	Result
Date	Result	Date	Result
Date	Kesuit	Date	Result
Date	Result	Date	Result
Date	Result	Date	Result
Date	Result	Date	Result
Tetanus Date	Ву		
Tetanus Date	By		
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I have read the access to health care information sheets and have been given a copy. I understand how to access health care.

Name

Date

te<u>04/2</u>

AIS#__//<u>(2.5</u>_/

Medical Staff

Date

STATE OF ALABAMA **DEPARTMENT OF CORRECTIONS** MENTAL HEALTH SERVICES

	REC	EPTION MENT	TAL HEALTH SCRI				
Institution:	Kilby		Date/Time	Inmate Received:	4/21/06		
Date/Time of Sc	reening: 4	1/21/06	Signature/Title of Screener:	10001 Ren	dus		
MENTAL HEAT	LTH TREAT	MENT PRIOR TO I	ENTERING THE ADOC:		7		
Yes No		ic medication:					
Yes No	Medication	turned over to ADO	C upon ar xi val?				
Yes No	Mental heal	ith follow-up in last 9	days:				
Yes No			t 90 days:				
MENTAL HEAD	LTH HISTOI	RY Does inmate re	port a history of the followi	≡g (if ves. provide d	etails):		
Yes No	Outpatient t	reatment:					
Yes No	Inpatient tr	eatment:					
Yes No	Psychotropi	c medication:					
Yes No							
Yes 🔊	Suicidal tho	eghts:					
Yes No							
Yes No	Seizures:						
Yes No	Violent beha						
60 (10)	Substance al						
Yes No							
2							
INMATE SELF-	REPORT OF	CURRENT STATU	Sind "OKing" They plother				
(Van) No	Danasta form	ration (reaction):	W W W				
_							
Yes (No)	Reports sign	ificant depression/re	morse:	· · · · · · · · · · · · · · · · · · ·			
Yes 16							
Yes No	Possible to in	nplement suicide pla	D:				
Yes 😿	Reports halis	ucinations:					
BEHAVIORAL (IONS:					
Poor eye conta Disoriented	et	Poor hygiene	Unable to pay attention	Unresponsi			
Crying		Anxious Memory deficits	Unable to follow directions Signs of self-mutilation	CHARLE TO I	read		
illogicai speecl	h content		ng voices or seeing things	Afraid Paranoid			
Hostile		Other unusual beha-	vior:	A AI ABUIG			
DISPOSITION/ P	PLACEMEN	T RECOMMENDAT	ION (based on reception m	ental health screen	ing):		
Routine hous	sing			cy mental health ref			
Mental bealt	Mental health follow-up but not emergency Crisis cell placement recommended						
Current psychotropic meds verified Interim supply ordered							
Inmate Name: M	arshall,	Carl			AIS#: 1/0 574		

ALABAMA DEPARTMENT OF CORRECTIONS INMATE ORIENTATION TO MENTAL HEALTH SERVICES

The Alabama Department of Corrections provides the following mental health services:

- Assessment and treatment of mental illness
- Referral to a psychiatrist, if necessary for medication
- On-going psychiatric treatment
- Group and individual counseling
- Assistance in dealing with stressful problems (adjustment to prisons, grief and loss, family problems)
- Crisis intervention
- Residential mental health treatment and hospitalization, if necessary

If you wish to speak with mental health staff about routine matters such as scheduling for group or individual counseling, send in a Health Services Request form.

In emergency situations or if you have concerns that need to be addressed immediately, contact any correctional officer so that you may receive mental health assistance as soon as possible.

Your participation in mental health services is voluntary except in emergency situations or when you have been provided due process through administrative review.

If you believe the mental health services provided to you are inadequate, you may file an inmate grievance.

Information about the mental health services provided to you is confidential except in the situations when mental health staff believe that you may be:

- Suicidal
- Homicidal
- Presenting a clear danger of injury to self or others
- Presenting a reasonable clear risk of escape or creation of institutional disorder
- Receiving Psychotropic medication
- Requiring movement to a special unit or cell for observation and treatment
- Requiring transfer to a psychiatric hospital outside of the prison
- Requiring a new program assignment for mental health reasons

Mental health staff has a legal duty to report to appropriate authorities any unreported suspected abuse or neglect of a child.

Mental health and medical staff will have access your mental health records when completing their duties. The following persons may have access to your mental health records on a need to know basis:

- Warden of the institution or designee
- Internal investigation staff and legal counsel working with the ADOC
- Departmental and accrediting audit staff
- Persons authorized by a court order or judgment

All other persons or agencies require an authorization for release of information signed by you before gaining access to your mental health records.

This information on this form has been explained to me and I have received a copy of the information for my future reference.

Inmate Signature Morshal, Carl



Date: 7-16-7
To:
From: HCU
Inmate Name: Marshall, Carl 10574
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extrauntil
5. Other
BSV twice we daily BPV twice wk
Date: 7-10-7 MD Signature: Time/ 128

INMATE REQUEST SLIP



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Cupl Marshall	9/11
	Date of Request: 9/6 (06
Nature of problem or request: NEED	h: Location:
Owelling of first. + Cal	los on de +0 tout
+ blotek to @ heel. Wil	I not weak special She
WORK, WILL CORRINE !	Port Will take off
DO NOT WRITE BEL	Signature LOW THIS LINE
Date://	
Time: AM PM	RECEIVED
Allergies:	Date:
	Time: Receiving Nurse Intials
(5) ubjective: My for Swell 4	hurt everyday. I gol
plaster on them.	
(O) bjective NU fed Callonses Has	to Book 5. Nagretic Hocks.
(A)ssessment: Calloused feet	. pt is dialute
(P)lan: Segen to OPC perto	•
Refer to: MD/PA Mental Health Dental D	aily Treatment Return to ClinicPRN
CIRCLE	ONE
Check One: ROUTINE () EMERGENCY	
If Emergency was PHS supervisor notified Was MD/PA on call notified	: ies() No() : Yes() No()
as Province on can not med	
	IGNATURE AND TITLE
3/	CHAICKE AND TILE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Date: 9/1/06
To: KEHF-ADOC
From: PHS/ADOC
Inmate Name: Marshall, Carl ID#: 1/0574
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extra
5. Otheruntil
Comments: May have dishetic white terms Shoes & uply
Date: 9/11/16 MD Signature: Aldons 14 Stare 18 Time: Pm



Date: 9/11/06
To: KEHF-ADOC
From: PHS/ADC Inmate Name: Marshall, Carl ID#: 1/0574
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extrauntil
5. Other
May have dishetic white terms
Shoes & wity
Date: 9/11/86 MD Signature: J. Adams H. Hare! Time: 130

Filed 07/20/2007



Page 71 of 83

FINGER STICK BLOOD RECORD FORM

		shall	, Carl	INIC	AOITUTITE		ITY: Kilby 5 D.O.B.:
CELL SITE		INSTRUCTI	ONS:	BSVE	311)	х З	ody
DATE	TIME	INITIALS	BLOOD SUGAR RESULTS	URINARY KETONE LEVEL (if required)	INITIALS	*	ACTIONS TAKEN/COMMENTS

DATE	TIME	INITIALS	BLOOD SUGAR RESULTS	URINARY KETONE LEVEL (if required)	INITIALS	•	ACTIONS TAKEN/COMMENTS
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*Check if results called to physician.

Date	initials	Signatures
		
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Date	Initials	Signatures
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4 ps/16

INSTRUCTIONS: MPUS	81.000 PRI 507, SUN 22 23	ESSURE RECORD Hart, +	Hrn The	+ Th	ur k
Date B.P. Arm 4 24 (1 180 100 1 1 1 1 1 1 1 1	Initial Initial Initial Initial Initial Initial Initial	Date	B.P.	Arm	Initial
NAME: Marshall La	74	LOCATION:			



Date: 9/8/06	
To: <u>DOC</u>	-
From: OPC	-
Inmate Name: Marshall, CARI	ID#: 110574
The following action is recommended for medical reasons:	
1. House in	4
2. Medical Isolation	
3. Work restrictions	
4. May have extra	_until
5. Other	
Comments: Patient may have diabetic	shoes ir
Approved by ADOC	
BS VS twice a day	for 30 days
•	
Date: 9/8/06 MD Signature: NOB. Adams of	Snues, cor



Date: $\frac{5/8/06}{}$
To: DCC
From: OPC
Inmate Name: Marshall, Care ID#: 110574
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extrauntil
5. Other
Comments: Preport to opc on 5/15/06 +
5/22/06 AT 7:00 Am for injection
MEDICAL Hold until 5/23/06
Date: 5/8/06 MD Signature: UU B. Adams CANP/ Time: Sprawes, un





MEALTH SERVICES MCORPORATED											
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NAME:	ARC	111141	<>1411		_ I.D. #	1/6)d 13		D.O.B.:	8/6/50	ر
CELL SITE				<u> </u>							
PHYSICIAN	ORDER/	INSTRUCT	IONS:							<u> </u>	
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		T T	BLOOD	URINA			Τ			 	
DATE	TIME	INITIALS	SUGAR RESULTS	KETONE I		NITIALS	s *	ACTION	IS TAKE	N/COMMEN	тѕ
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11/22	1400	16/	2h - 1				1			<u> </u>	\Box
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Date:	N/21/06
To:	ADVO
From	: We
Inma	te Name: Mrsholl, CARL ID#: 110514
The fo	llowing action is recommended for medical reasons:
1.	House in
2.	Medical Isolation
3.	Work restrictions
4.	May have extrauntil
5.	Other
Com	nents: Add sut, Sin, Most
	Blood Pressure V ARMWKS a Lines
a	week tues + Thurs - On www @ 0500
	Glood Sugar V XBdays, on www @
_0	300
Date:	106 MD Signature: V/ODE Robbins/DBUNS/N Time:

RECEIVING SCREENING FORM

RECEIVING BORDENANCE 2 0200	() = =	1 د سال م
INMATE'S NAME: Marshall, Corl DATE: 4/21/06 TIME	3: <u>// C</u>	<u> </u>
DOB: 8-6-50 OFFICER: COT HIVES INSTITUTION:	KILBY	_
RECEIVING OFFICER'S VISUAL OPINION		
Is the inmate conscious?	YES I	
Does the inmate have any obvious pain or bleeding or other symptoms suggesting the need for doctor's care?	<u></u>	
Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care?		
Any obvious fever, jaundice, or other evidence of infection which might spread through the institution?		
Is the skin in poor condition or show signs of vermin or rashes?	«	-
Does the inmate appear to be under the influence of alcohol, or drugs?	<u> </u>	
Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		
Is the inmate making any verbal threats to staff or other inmates?		
Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?		
Does the inmate have any obvious physical handicaps?		
FOR THE OFFICER		
Was the new inmate oriented on sick/dental call procedures?		1
This inmate was a. Released for normal processing		
b. Referred to health care unit		
c. Immediately sent to the health care unit.		

Officer's Signature

This form will be completed at receiving and will be filed in the inmate's medical jacket to comply with NCCH Standards.

MONTGOMERY COUNTY JAIL MARSHALL, CARL REPORT DATE : 04/06

MEDICATION ADMINISTRATION RECORD

	CATIONS XL 60 MG TABLE	HOUR 1	2 3 4	5 6 7 8	9 10	11 12	13 14 15	16 1	7 18 19	20 21 2	2 23 24 2	25 26 27	28 29 30	0 31
	60 MG TABLET		da.A.	- A 37112	ms (3)		<u> </u>	د ا د ا		erak, ila	ما مداده		on landa	<u> </u>
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Do you now or h	ave you	ever	had, or been treated for:	?	8 B S	-156		
Problem	Υ	N	Problem	Υ	N	Problem	Υ	N,
Head Trauma	1.	$\sqrt{}$	Gastritis Herrin		1	HIV/AIDS ***		Y
Loss of Consciousness		7	Ulcers		1/	***Medications Verified		
Severe Headaches		\checkmark	Bleeding		1	Hepatitis - Type		V_
Vertigo/Dizziness	1_/_	V	Gall Bladder/Pancreas		1	Gonorrhea		1/
Vision Problems	$\sqrt{}$		Liver Problems	<u> </u>	Y	Syphilis	ļ	
Hearing Problems		$\sqrt{}$	Arthritis		1	Lice, Crabs, Scabies		V_{\perp}
Seizures		V	Joint Muscle Problem		V			
Strokes	V		Back/Neck Problem			LMP		
Nervous Disorders		$\sqrt{.}$	Kidney Stones/Dz		V,	Date	<u>/</u>	ļ
DT's		V	Bladder/Kidney Infection		V	Duration		
Heart Condition	V		Alcoholism		V	Normal		
Angina/Heart Attack	V		Drug Abuse		V	Regularity		
High Blood Pressure	V		Psychiatric History		V	Gravida/Para		
Anemia/Blood		\sqrt{Z}	C. inidat Thambast		1./	A D/hairon rriago		
Disorder	- 	1/	Suicidal Thoughts**	T	\ <u>'</u>	AB/Miscarriage	 	+
Sickle Cell or Trait	de	V	**Immediate M.H. Referral	-	+-	Contraception	\vdash	+-
Lung Condition		1	T.B.	/ /		Type:	-	┼
Asthma *	 	V_	PPD - date given: 4/24	% _			 	
*Peak Flow Reading			RFALFA	_	 	Lab Tests - Dates	N	Ab
Bronchitis		V	Date read: 4/24/00	 	1	Diagnostic Profile II	 	┼
Emphysema		V	Results: Ø mm	<u> </u>		RPR	-	
Pneumonia		1	Visual Acuity	-	<u> </u>	Urine Dip Stick	- -	—
Diabetes	$\bot V$	7	OD OS	<u> </u>		<u> </u>	 	
Hay Fever/Allergies TCN Idendus		V	10420/20 KX	1		EKG (@ age 35)	1	
Immunization History: ***HIV Medications:		···						
Acute or Chronic Probl			(V) N Part	34:	11	of M.D. if yes.		
Acute or Chronic Probl	em Noi	ea:	IN Refer to	IVAIC	i-Leve	1 01 347 D. 11 469.		
RN or Mid-Level: S	ignati	ıre				4/25/06 Date/Time		

IMMUNIZATIONS ORDERED:

Medications Ordered:

Deferred/follow-up:

Edema, Pulse

Injuries/Lesions

Rectal/Gulac (required @ 45 and up)

Back

Extremities

Genitals Pelvic Pap

Date/Time

deferred

mate's Signature/Date



INTAKE SCREENING AIS# Date: Middle First: Last Name SS# DOB: Birthplace FEMALES: Pregnancy test: (circle one) Negative If level > 200, repeat within 48 hours. Above 300 call M.b. **FSBS** Previous Hospitalizations/Surgeries/Major Illness/Current Illness: What? Where? Special Diet (Prescribed) Medications Past Positive TB Skin Test (circle one) - (Complete TB Screening Form) (NO ■NKA Allergies ANY INMATE WHO IS UNCONSCIOUS, SEMICONSCIOUS, ACTIVELY BLEEDING, IN ACUTE PAIN AND URGENTLY IN NEED OF MEDICAL ATTENTION SHOULD IMMEDIATELY BE REFERRED FOR EMERGENCY CARE. CLINICAL OBSERVATIONS 1) Level of Consciousness: () Alert (7 Oriented; time, place, person Substance Abuse: () Suspected () Current intoxication/Abuse)Use () Withdrawal Symptoms () Lethargic () Stuporous () Comatose () Drugs () Alcohol Describe: Describe- What kind? Amount/Frequency? 2) General Appearance {foktormal () Abnormal . If confirmed Benzo use, then call M.D. If can not be confirmed, call M.D. 3) Signs of Trauma Last Use: (Time(Date): 4b) Affect/Mood: () Normal () Manic () Depressed ()-Non-Violent 4a) Behavior/Conduct: (Lealm Cooperative ... () Agitated () Violent () Euphoria () Flat () Emotionally Confused Uncooperative () Manipulative () Disorganized Describe: Describe: () Hallucinations () Hearing Voices 4c) Perceptions: () Delusional () Yes (UNO 5a) is there h/o actual suicide attempt? 5b) Does pt describe current suicidal thoughts or ideations? (5d) High risk pt may become assaultive towards staff? () Yes 5c) Is there evidence Triggers for Suicide Watch Triggers for Close Watch If ANY of the above in #5 are circled, staff MUST describe here, include previous - Emotionally distraught and unable - Currently Suicidal history and dates: to regain composure by end of - History of actual attempt Fails to maintain control on intake process *Any abnormal observations #4 or 5 require immediate Mental Health Close Watch Actively hallucinating or not Referral Y or N making any sense 6a) Communication Difficulties () Yes (No 6b) Memory Defects 6c) Hearing Impairment 6d) Speech Difficulties () Contacts () Crutches 7) Physical Aids: () None (Glasses () Hearing Aid () Dentures () Cane () Walker () Wheelchair () Braces () Artificial Limb () Other 8) Additional comments, complaints, symptoms: Initial Insulin given: If known Diabetic * Call M.D. for order I have answered all questions truthfully. I have been told and shown how to obtain medical services. I hereby give my consent for health services to be provided to the by and through PRISON HEALTH SERVICES



DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Witness			Date	
Inmate Signature	AIS#	SS#	Date	•
AMILI .	110574	416-1	70-3380	04/21/0
City	State	Zip Code		
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Street Address		Phone Nu	ımber	
FIGLOCREST CT.	み 多 多 8	1-5669	·	
LT. OSBORNE KUTLEDGE MS. DORIS JOHNSON Name	Relationship) 91-5669	•	
MS. DORIS Johnson			<u></u>	
IT. OSBORNE KURLEDGE	mo the	<i>-</i>		
DOLL VITTEDGE	BROTHER	~		

INMATE NAME (LAST, FIRST, MIDDLE)	AIS#		10.20-	FACILITY
	110514	8/6/	Blm	Kilby
Marshall, Carl		150		